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ABSTRACT

This book is an effort to document ideas, processes, and outcomes based on input from many people involved in accountability of interagency collaborative services programs. The goals, processes, instruments, and reporting systems presented have been developed through a team process over a 10-year period of involvement with Iowa's School-Based Youth Services Program, a multiservice system designed to help all students and families by coordinating services between the community and the school. The approach is useful for monitoring and gathering outcome data, assessing student risk, assessing program implementation and customer satisfaction, and assessing program results using qualitative and quantitative data. Specific surveys are included for students at various educational levels and their parents. The chapters are: (1) "Introduction"; (2) "Monitoring and Gathering Outcome Data for Collaborative Services Programs"; (3) "Assessing Student Risk and Other Critical Customer Characteristics"; (4) "Process Evaluation: Assessing Program Implementation and Customer Satisfaction"; (5) "Outcomes Evaluation I: Evaluating Program Results Using 'Quantitative' Data"; (6) "Outcomes Evaluation II: Evaluating Program Results Using 'Qualitative' Data"; (7) "Local Utilization of Evaluation"; (8) "Challenges and Keys to Sustainability in Assessment and Evaluation"; and (9) "Putting It All Together." Nine "resources" contain specific surveys and examples of data collection formats. (Contains 10 tables, 36 figures, 2 displays, and 41 references, and an index.) (SLD)

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PRACTICAL EVALUATION *for* COLLABORATIVE SERVICES

Goals, Processes, Tools, and Reporting Systems for School-Based Programs

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FOREWORD

Over the past decade, a whole new approach to enhancing educational systems has taken place. A range of community-based social and support services has been relocated into school buildings with the goal of helping students and their families overcome barriers to learning. Iowa has been a leader in this movement through its School-Based Youth Services Program, making it possible for thousands of students and their families to access on-site resources in health, mental health, employment, recreation, and whatever else is required in a particular school or community. The work of James R. Veale, Raymond E. Morley, and Cynthia L. Erickson, in designing and implementing a unique evaluation system, has been a significant factor in tracking the development of this program, promoting its success, and making it visible.

We are fortunate that these knowledgeable experts have produced a user-friendly "how-to" guidebook, for both those who want to learn more about evaluation and those who want to understand the intricacies of complex school and community programs. Each step of the way is carefully delineated, with detailed definitions and examples, making it an excellent textbook for evaluators. For school-based practitioners, the use of actual case histories helps bridge the technical with the "real-life" applications. A risk assessment tool not only gathers data but also is used to diagnose, refer, and track the well-being of the students.

Among the many unique aspects of this book is the intentional introduction of emotion into accountability measures, showing how to use case studies, focus groups, and interviews to document the "human dimension." The authors recognize throughout that the prime consumers of evaluation data are decision makers, and although hard data are essential, it is also necessary to appeal to the heart.

The resource material is particularly rich, providing sample surveys for an array of subjects. A final chart documents activities undertaken to respond to each issue as it arose in the development of the program (e.g., "connecting with out-of-school youth") and each strategy or practice used in the program sites (e.g., "notification of parents"). This volume is consistent from beginning to end in its multiple purposes to teach about evaluation and describe the 10-year evolution of a multiagency school-based youth services program. *Practical Evaluation for Collaborative Services* should serve in itself as the baseline tool for an emerging field of school-community partnerships and full-service community schools.

Joy Dryfoos
Hastings-on-Hudson, New York

PREFACE

This book represents an effort to document ideas, processes, and outcomes based on input from many people involved in the "accountability" issue in establishing and maintaining interagency collaborative services programs. The motivation to document the work in this area was driven by the politics of change and the feelings of the authors that the work should be captured and well documented in case shifts in program support occurred. In addition, the work was completed to help develop an understanding for those who are not personally involved with accountability or collaborative services programs but support and are curious about such initiatives. The information is intended to serve as a springboard for those who will step into the ring of collaborative services initiatives in the future and for those who are currently involved in such initiatives and who want to address accountability via assessment and evaluation at the state or local level. Specifically, it is based on our shared experience with the School-Based Youth Services Program (SBYSP) in Iowa, a collaborative services program for youth and families now in its 11th year and serving 27 sites or school districts. (We began this writing project in the 8th year of the program, when there were just 18 sites.)

As educators, we remain particularly concerned about the training of our new professionals in colleges and universities. We need to help them to recognize the value of collaborative practices and become aware of the assessment measures and evaluation processes that will provide accountability, as well as continuous program improvement. We also feel a need to share our work with existing college and university staffs to assist in integrating this knowledge into existing training programs.

We have included all of the instruments developed for this program with the idea that readers can best learn about how to develop their own instruments by viewing examples of others actually used in real programs. In addition, we have included information about the database system, called 2EASY. It is based on the database software FileMaker Pro (FileMaker Pro, Inc.). Also included is information about a user's guide for the database system. An order form for the database template is enclosed in the inside back cover of the book. In the spirit of "open systems," none of the instruments are copyrighted, so readers should feel free to apply them or build on this technology.

The first chapter introduces the various components of assessment and evaluation, including our goals, the importance of dialoging and collaboration, process, outcomes, data collection tools, and their connection with service delivery. In Chapter 2, we discuss some of the procedures for monitoring and gathering outcome data for collaborative services programs, including the use of the 2EASY system and surveys for students, parents, and staff. In Chapter 3, we discuss methods for collecting various background information, such as gender and race/ethnicity, as well as the assessment of the level of student "risk" based on 30 factors. This information is used to fine-tune service delivery for individuals, assess program equity, and determine program impact for the various subgroups. Chapter 4 describes process evaluation, which is important for ensuring continuous improvement of the program. This discussion includes the monitoring of services via the 2EASY database system, documentation of problems encountered and initiatives taken to resolve them during program development, end-of-year site reviews, assessment of customer satisfaction, and use of checklists and rating forms for assessing school and agency coordination, family or parent involvement, use of economic resources to improve employment and productivity of students, and the ability to deliver services as a result of collaboration. The next two chapters deal with outcomes evaluation, which is required for program accountability. In Chapter 5, we discuss approaches to outcomes evaluation using quantitative data, such as grade point average, attendance, dropout rates, and survey results. In Chapter 6, we discuss approaches using qualitative data, such as information obtained from case studies and focus groups. Student risk is employed as a "context" variable to show that for some outcomes, those most at risk are helped by collaborative services. Chapter 7 focuses on the local level, with some suggestions for local utilization of assessment and evaluation. In Chapter 8, we discuss some of the challenges and keys to program sustainability in assessment and evaluation, including data collection, how to improve and maintain the database, the issue of confidentiality, political forces, staff development, and technological issues. In the final chapter, we take a few steps back, put it all together, and look at the "big picture" of assessment and evaluation within collaborative services program development and implementation. Evaluation is usually thought of as coming at the end of the program development and implementation cycle. We suggest that it is also a part of the beginning and discuss some of the insights gained by "flip-flopping" a model.

Decision makers at all levels remain a natural concern. Legislators and public administrators direct the future of our children and youth, and we want them to recognize the myriad of ideas and efforts that have been produced to be accountable for the support and direction already provided. We want them to be assured that accountability is possible and continues to be demonstrated. However, specific support for accountability must be continued and made part of our future planning of resources for programs and services. We remain highly appreciative of the resources that have been provided to assist with accountability and strongly believe in the need for investing time and resources for training in the areas of data collection, assessment, and evaluation, as well as necessary equipment and supplies.

Our future is in our youth. We hope that this work will contribute to increasing the number of positive outcomes for those young people today who will be the leaders and citizens of that future.

Acknowledgments

The authors would like to thank the FINE (First In the Nation in Education) Foundation for partial support of the writing and dissemination of this material and their earlier support of research on the School-Based Youth Services Program (SBYSP) in Iowa that is the basis for this book. We also want to thank the local school administrators and administrators of regional and local service agencies for pioneering collaborative service delivery. As well, we recognize all local SBYSP program directors and collaborating agency representatives in Iowa, especially Donna Hempy, Todd Redalen, and Sue Dohrmann for their input representing the local perspectives; Gary Stokes of Move the Mountain, Inc. for his support and input regarding student risk assessment; and Lee Halverson of the Heartland Area Education Agency for his support and input regarding focus groups. We also want to thank Sue Olson for her meticulous proof-reading of a draft of the manuscript and Sharon Willis for assistance in formatting some of the figures.

At the state level we are indebted to Charles Bruner, now director of the Child and Family Policy Center, who provided the initial concept and helped draft the legislation for the SBYSP in Iowa. Regarding our immediate future in continuing SBYSP in Iowa we acknowledge the Iowa legislature. As well, we recognize Ted Stilwill, Director of the Department of Education; Leland Tack, Administrator of the Division of Financial and Information Services, Department of Education; Judy Jeffery, Administrator of the Division of Early Childhood, Elementary and Secondary Education, Department of Education; and two Governors, the honorable Terry Branstad and Thomas J. Vilsack, for their initiatives to maintain legislative support for collaborative services between schools and multiple service agencies throughout Iowa. This work has resulted in 10 years of financial and program support with continuation into the near future. At the state level we are also indebted to the state team of persons directly administering the School-Based Youth Services Program and the directors of major agencies who provided the support and resources necessary to administer the program. State team members included Harold Coleman, Commission on Children, Youth and Families, Department of Human Services; Mohammed Amjed and Denise Lange, Division of Mental Health/Developmental Disabilities Services, Department of Human Services; Janet Beaman and Carol Hinton, Family and Community Health, Department of Public Health; Charlotte Burt, Health Services, Department of Education; James Clark, School Social Work Services, Department of

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At the national and international level, our "gurus" include W. Edwards Deming, Joy Dryfoos, Ted Gaebler, Peter Kettner, Lawrence Martin, Abraham Maslow, David Osborne, Michael Quinn Patton, and Peter Senge. We are indebted to their ideas, which they have shared with us in their many writings.

In particular, we want to recognize Margaret Edwards for her many years of service as secretary, including her endless communications with the field, the clarification of reporting, and assuring completion of reports. We also would like to cite the inspired leadership of Anne Peglow, now deceased, who started the Caring Connection SBYSP in Marshalltown, Iowa—later cited as one of the five outstanding "safe passage" programs in the country (Dryfoos, 1998). As well, we cite John Krogman, now deceased, who established himself as a leader in multiagency collaboration in Iowa. He was one of the few who was willing to put himself on the line to achieve what is necessary to serve families and children well.

Finally, we would like to thank Robb Clouse, Acquiring Editor for Corwin Press, for his support and encouragement and Dr. Martha de Acosta of the Milton S. Eisenhower Foundation for her constructive critique of an earlier draft.

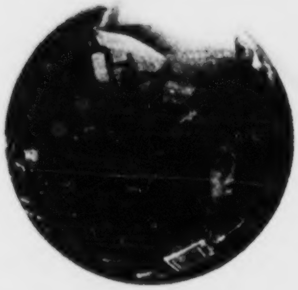
ABOUT THE AUTHORS

James R. Veale received his doctorate in statistics in 1972 from Iowa State University; served academia, the private sector, and government; published several journal articles in statistics, measurement, and research in education and health; authored or coauthored numerous government reports on research and evaluation in education and health; is a statistical/research consultant and educator in Des Moines; conducts surveys, research, and evaluations for state and local programs; and provides statistical consultation to private researchers in education and health.

Raymond E. Morley received his doctorate in education in 1973 from University of Missouri–Columbia; taught at elementary and secondary levels; is an adjunct faculty member of Drake University, University of Northern Iowa, and Viterbo College (Wisconsin); has published more than 40 manuscripts, including books, pamphlets, state guidelines and legislation, curriculum guides, and journal articles; is a consultant in the Iowa Department of Education in charge of dropout and dropout prevention programs, at-risk and alternative education, education of homeless children and youth, and school-based youth services programs.

Cynthia L. Erickson received her master's degree in public administration in 2000 from Drake University, coordinates the Safe Schools/Healthy Students Initiative for Des Moines Public Schools, and is a former program manager of one of the original school-based youth services programs in Iowa (the SUCCESS Program in Des Moines).

Introduction



Assessment and evaluation do not come easy to public school and community services personnel. Assessment and evaluation are hard work and perceived as such by those who carry out these functions. The functions remain a challenge even when support is provided. The work is particularly difficult when assessment strategies and tools must be designed from scratch and evaluation processes established within the context of existing evaluation processes and within complex models of service delivery.

This publication answers the call for help wherever assessment and evaluation are being considered, as schools and community services agencies work to establish and evaluate broad-based community collaborative initiatives. The goals, processes, instruments, and reporting systems presented here have been developed via a team process involving many people from all sectors of public service over an 10-year period of involvement with Iowa's School-Based Youth Services Program (SBYSP)—a multiservice system designed to help all students and families by coordinating services between the community and the school, including health, mental health and other human services, employment and training, recreation, juvenile court services, and school-related services. In addition, experts from universities and colleges assisted in establishing these results. All of the content is original material supplementing other published information. All of the information has received public review and has been used at the state, regional, and local levels to plan and make decisions.

We offer what we have to all individuals trying to harness assessment and evaluation in multiagency collaboration initiatives. This offer comes with the realization that we think we are at a beginning. We think it is a good beginning and look forward to more sharing and dialogue.

Goals

Goals represent the basis for directing our assessment and evaluation. All activities are tied to a goal or goals. The goals provide our purpose. Goals provide the grounding for all discussions regarding assessment and evaluation. Goals also direct the collection of related information complementing our initiatives. In particular, we use information drawn from a variety of sources to document the need for continuation of school and community services collaborations.

Our goals include changing and improving the processes of delivering services as well as affecting outcomes for involved students and parents. Both areas are considered equally important. The processes of planning and delivering services affect outcomes for students and parents. Assessing and evaluating both of these goals are a must to establish holistic understanding.

Our goals are common across all involved communities. Many differences exist in how services are delivered, managed, and supported, but our goals remain common. This commonality of goals leads to uniformity and shared responsibility in collecting, reporting, and using information across diverse communities. The goals also provide a springboard for local creativity in evaluation and reporting.

In summary, our goals are our foundation. We recommend the establishment of solid goals to guide future initiatives. Our goals are given in Table 1.1. Eight goals are presented along with the type of goal ("process" or "results") and "outcomes and process measures" used to assess whether each goal has been attained. The goal types refer to the type of assessment and evaluation used in applying the goal attainment methods. These are discussed later in this chapter. The outcomes and process measures are various data collected, methods used, or areas of assessment. These will be discussed in the chapters to follow. Table 1.1 is presented here as an example of such a foundation or framework that we will refer to at later points in the discussion.

Dialoguing

Our premise from the beginning, which remains supported by other major research (Senge, 1990; Wohlstetter, 1997), is that sharing information connects people and allows people to learn from their own organization. Creating forums for decision making and sharing has allowed our program coordinators and other staff to learn from one another and develop a systemwide view of assessment and evaluation. All of our assessment instruments were created and improved through a process of involving program coordinators, front-line staff, and evaluators in discussions and activities. The assessment and evaluation processes were consid-

(text continues on page 5)

TABLE 1.1 Goals of the School-Based Youth Services Program (SBYSP) and Outcomes and Process Measures for Assessing Their Attainment

Goal	*Type of Goal*	*Outcomes and Process Measures for Assessing Goal Attainment*
1. To develop cooperative planning and collocation of staff from multiple-service agencies in one center in or near schools to make services accessible for all school-age youth in or out of school ("one-stop shopping")	Process	Coordination of schools and agencies in delivery of services (staff development for multiple-agency participation, agency employees housed in school to provide services, agency staff asked to train other agency staff, etc.) Number of students served Type and magnitude of services provided
2. To involve families and parents in the delivery of services to youth	Process	Family/parent involvement in child's education (parent/family counseling, attendance at school affairs, volunteer assistance at school, etc.) Communication between SBYSP and parents (letters, surveys, phone contacts, etc.) Parents' use of services provided by the SBYSP
3. To facilitate joint planning to make the most economical and innovative use of community resources to support youth services	Process	State cost estimates per (a) individual and (b) contact Contributions (in-kind and monetary, public and private) Use of economic resources to improve employment and productivity of students (business provides job training to students, scholarship fund for postsecondary training, long-term mentoring through business partnerships, etc.)
4. To establish an evaluation initiative to determine the effectiveness of the program	Process and Results	Process measures (coordination of schools and agencies, family/parent involvement, etc.) Results or outcomes (staying in school, reenrollment, grade point average [GPA], attendance, student and parent perceptions of student progress, etc.) Customer satisfaction (students and parents) Use of available technology (computers, statistics, etc.) Conducting research

(continued)

TABLE 1.1 Continued

Goal	*Type of Goal*	*Outcomes and Process Measures for Assessing Goal Attainment*
5. To increase the ability of existing agencies within communities to address the multiple problems of our youth	Process	Ability of agencies to deliver services (fewer cancellations and increased follow-through with students and families, parent consent approvals that apply to all agencies, schools cooperate to allow service delivery, etc.) Identification of areas of improvement and strategies for that improvement; also, identification of problems and unsuccessful strategies (so they may be avoided in future)
6. To enable school-age youth to complete their high school education[a]	Results	School attendance School performance (GPA) Staying in school (100% minus the high school dropout rate) High school reenrollment Desire to stay in school and graduate (student and parent perceptions), liking school, desire to achieve in school, showing up on time for classes
7. To enable school-age youth to obtain skills that lead to employment and additional education and training[a]	Results	Employment: selection of a career interest, establishment of career goal, ability to achieve career goal (if established), working with others, getting a job, getting a desired job, getting into the military, showing up on time for work Additional education: attending college or technical school; setting goals for the future
8. To enable school-age youth to obtain skills that lead to a healthy, drug-free life[a]	Results	Health: overall physical health; (non)use of drugs, alcohol, and tobacco; knowledge of health; not having unprotected sex; not getting in trouble with the law

NOTE: a. Also defined in the 1989 legislation as the *purpose(s)* of the SBYSP.

ered developmental, just as were the coordination and delivery of services. For 10 years, we have fine-tuned our assessment instruments through dialoguing. Everyone's opinion was valued and used. The outcome of considerable dialogue among staff allowed us to develop assessment instruments that are practical and useable, benefiting all agencies involved.

Dialogue is defined by David Bohm as "a free flow of meaning between people" (Senge, 1990). The goal in a dialogue is not "to win" (as in a debate) but rather to gain insight through collective exploration of a complex issue. *Defensive routines*—habitual patterns of interaction that protect us or others from embarrassment, conflict, or criticism—work against dialogue and prevent us from learning. *Openness*—characterized by communicating openly and honestly about important issues, as well as challenging one's own ideas (reflection)—counteracts defensiveness and promotes team learning. The ability to ask tough questions in a way that does not provoke a defensive response is an extremely important skill for dialoging. In terms of the relationships between organization members, trust and respect are team characteristics that are essential for dialogue and learning to occur. (For more on trust, see Chapter 7.)

We recommend to anyone pondering the use of our assessment instruments to consider the value of discussing the instruments openly with everyone involved. Consider the changes that need to be made and make those changes to fit the style and preferences of your working group. The process of dialogue actually produced what we have in this publication. It was the dialogue that led us to understanding, application, and positive change. Expect them all as you proceed, especially change. Expecting change is exciting!

The information gathered from our assessment tools never gets published without a thorough review by our implementation team, including state-level and local-level critiques. Final drafts of everything must be discussed before publication. In addition, the information is published for distribution to all agencies so more discussion can occur and more people can receive the information for building support to maintain and improve services.

Collaboration

Collaboration includes three primary elements that all agencies must consider in the process of building working relationships:

- Common goals
- Shared resources
- A common monitoring system for planning and decision making

These three elements constitute advanced working relationships that have the best chance of producing positive results. Note the emphasis on common goals and common monitoring. That emphasis implies coordinated discussions to come to agreement on goals and a means to determine how and when those common goals are met.

Shared responsibility for monitoring is a must for all the agencies involved in a collaborative relationship. We commonly encourage schools to consider all agencies when assessment instruments and processes are being developed for use within the schools. In addition, we encourage service agencies to consider schools as they develop assessment instruments and processes for determining the impact of services. Common goals exist for schools and agencies, and they can be discovered through discussions on assessment and evaluation processes and systems. The instruments contained in this publication have been designed to incorporate common goals of multiple agencies. Moreover, evaluation and use of the information in collaborative services programs are a multiagency process.

Common goals, shared resources, and common monitoring will be achieved only if administrators are involved. Assessment instruments must be recognized and approved by the administrators of agencies. Policies must also be aligned with and support the assessment and evaluation tools and strategies. Therefore, we recommend discussion of any or all of our instruments at the administration level before, during, and after implementation.

The initial application that established minimal provisions for the Iowa School-Based Youth Services Program provided local districts with a framework that included guidance regarding stakeholders who needed to be involved early in the planning process. Because the application specified that health, employment and training, and mental health and other human services were to be provided by all school-based programs, it could be assumed that dialogue would need to take place with representatives from agencies offering those services. In later years, recreation and life skills training were added as major service categories, and these providers were drawn in as partners. In the Des Moines school-based program, key stakeholders were involved in the design of the original application, and regular meetings during program implementation provided opportunities for ongoing communication about goals, program implementation, service coordination, and evaluation. An example of how this affected the sharing of resources and developing a common monitoring system is provided by the mental health component of the Des Moines program. A local mental health provider repositioned mental health clinicians full-time in several elementary buildings. A limited budget did not provide for the purchase of computers for these staff to use the common database. The school district was able to support the mental health clinicians in accessing computers, and eventually the database was customized to track outcomes that were specific to mental health services. The issues of dialogue and collaboration are further discussed in connection with third-party reviews and self-reviews in Chapter 4 and in the context of local utilization of evaluation data in Chapter 7.

Assessment, Evaluation, and Outcomes

Assessment is the process of gathering or monitoring data on individuals or programs for the purpose of making decisions about them. This requires some kind of *measurement*, which can involve testing (e.g., performance or diagnostic tests), surveys, rating scales, and other forms by which to collect information. Many states conduct yearly assessments in certain subject areas (e.g., reading, mathematics, career education) at various grade levels. In addition, private testing companies such as the National Assessment of Educational Progress (NAEP) conduct assessments each year using samples of students at various grade levels across the country. These are examples of cognitive assessment—testing a student's knowledge and her or his ability to think and solve problems. Other assessments measure behavior and attitudes, such as the Youth Risk Behavior Survey, conducted biennially in more than 40 states under the direction of the Centers for Disease Control and Prevention to assess the extent of risky health behaviors among high school students (e.g., Veale, 1998). The assessment of the degree to which a student is at risk of dropping out of school, not succeeding in school, or not becoming a productive member of society is discussed, among other student and family characteristics, in Chapter 3.

Evaluation is the process of using collected information to make decisions about a person or entity. Program evaluation is a special type of evaluation directed at judging the effectiveness of educational or social programs. It became important in the 1960s with the expansion of social welfare and was specifically mandated in legislation for "compensatory education" such as the Elementary and Secondary Education Act. In the 1990s, under the banner of "reinventing government," a new focus on results and performance gave evaluation ("accountability") new life (Osborne & Gaebler, 1992). Useful information is the key to this process. It is the raw material that supplies evaluation, and the quality of the evaluation is directly proportional to the usefulness of the information.

Clearly, the terms assessment and evaluation are very close in meaning. Some authors prefer one over the other; presently, the term assessment is somewhat in vogue in education. We shall use the term *assessment* primarily to refer to the process of data gathering (via tests, surveys, etc.) and the term *evaluation* primarily in reference to the process of using these data to make judgments about a program—its desirability or value and how it may be improved.[1]

We have found two types of assessment and evaluation useful to delineate: (a) *process* and (b) *outcomes*. Patton (1982) states that process evaluation involves asking questions such as the following:

- What are the basic program processes?
- How can these processes be improved?
- How are program processes perceived by staff, clients, and others?

Process assessment could include a program development log of activities, procedures, and an informal determination of what worked and what didn't work. We also include in process assessment the determination of the degree of customer satisfaction with the services provided and ratings of the coordination of schools and agencies in the delivery of services to youth and families. Such quality assessments can point to ways in which the program can be improved.

On the other hand, outcomes evaluation involves asking questions such as the following:

- To what extent are desired client results being achieved?
- What are the effects of the program on clients?
- What resulted from agencies working together?

For our purposes, an *outcome* is any result of a program or project. For example, one outcome of an educational program might be a reduction in the dropout rate. Another might be an increase in grade point average by more than 0.1 (over the previous year). An *objective* is a statement of a *desired* (positive) outcome (e.g., attaining some fixed percentage of students who indicate based on self-reporting that they like school more now than before). The attainment of desired outcomes is a matter of careful definition, monitoring, and statistical analysis. The determination of the effects of the program on clients is more difficult; ideally, a control group of otherwise similar clients who did *not* participate in the program is compared with the results on various outcomes for the program group. Unfortunately, such control groups are often lacking in program evaluation for a variety of reasons. In this book, we are more concerned with desired outcome attainment (the first question) than with proving a cause-and-effect relationship between the program and a desired outcome (the second question). This is consistent with modern approaches to measuring performance in human service programs from an effectiveness perspective (Martin & Kettner, 1996).

The above examples are positive or desirable outcomes. Outcomes may be negative or undesirable as well. For example, a *decrease* in grade point average by more than 0.1 (over the previous year) would be a negative outcome, indicating a worsening of performance. This could also be a result of a program; even exemplary programs would not be expected to help all students. Information on negative outcomes can be very useful in pinpointing areas of weakness in a program. Also, outcomes may be *unintended*—"side effects" of a program, which can be positive or negative. A new program providing at-risk students with primary health, mental health, and other services might result in improved attendance and grade point average by a high percentage of students served and high ratings by the students and their parents on staff performance (e.g., being respectful, friendly, answering questions, and helping them to solve their problems). But suppose "turf battles" erupt between school counselors and program staff, resulting in jealousy or bitter feeling among some of the parties involved—a negative unintended program outcome. On the other hand, suppose some teachers become energized through collaboration with program staff and creatively share information about available services to infuse in their courses—a positive unintended program outcome.

Outcomes assessment could include archival records (e.g., grade point average [GPA], attendance, dropout, and reenrollment data) and tests or survey instruments. The above example with unintended outcomes illustrates that outcomes evaluation can be a complex undertaking. Multiple outcomes and multiple processes should be considered in a balanced, multifaceted approach to evaluation.

Tools for Process Assessment and Evaluation

Process assessment and evaluation of collaborative services programs in Iowa are conducted by (a) counts of service contacts, (b) unduplicated counts of the number of individuals served, (c) year-end or third-party reviews, and (d) surveys. Service counts are purely quantitative data, indicating the type of service provided and the magnitude of service activity. Unduplicated counts of individuals served are also quantitative, indicating the extent of involvement with the students and families in the community. Year-end and third-party reviews provide mostly qualitative data—checklists and open-ended, on-site assessments by members of a review team. Data from surveys are a mix of qualitative and quantitative—from an assessment of what worked and what didn't (qualitative) to a rating on a 5-point scale of the type of school or agency coordination activity provided (quantitative).

Our most basic type of process assessment and evaluation data is counts of service contacts and individuals served. In the Iowa School-Based Youth Services Program, such data are tracked by a computer database system called EASY (Efficient Accounting of Services to Youth), written using the database software FileMaker Pro (Erickson, 1995). Using this database system, the number of service contacts provided can be broken down into major service areas, such as health, mental health, employment and training, and so on. In addition, the number of individuals served can be grouped by demographic variables of interest, such as gender, ethnicity/race, and grade level, as well as by major service area. (An update of the EASY system, called 2EASY, may be purchased from one of the authors. An order form is available inside the back cover.)

Local program reviews are typically conducted in Iowa by members of the state coordinating team that visits the local program sites and makes recommendations about what is needed for more effective service delivery. This process involves travel and is somewhat time-intensive but can yield significant information concerning program implementation and program development.

An assessment of the process of delivering services to youth and families is obtained using survey forms and other assessment tools developed in the Iowa SBYSP. These include the following (see Veale & Morley, 1997):

- Program development log
- Form for assessing coordination of schools and agencies
- Form for assessing family and parent involvement
- Form for assessing the use of economic resources to improve employment and productivity of students
- Form for assessing the ability of agencies to deliver services as a result of collaboration
- Customer satisfaction survey questions

Most of these forms are completed by the project director or program staff. Others may require input from agency representatives (internal customers) or students and parents who received services (external customers). The reader will note that these assessment tools are listed as "outcomes and process activities," corresponding to the goals involving process in Table 1.1. They are discussed in more detail in Chapter 4.

Tools for Outcomes Assessment and Evaluation

Outcomes assessment and evaluation of collaborative services programs are conducted in Iowa using (a) school records (attendance, grades, etc.), (b) student and parent surveys, and (c) case studies, focus groups, and interviews. School records and surveys yield quantitative or numeric data, whereas case studies, focus groups, and interviews provide qualitative data. Traditionally, quantitative data such as grade point averages and test scores have been viewed as more scientific, whereas qualitative data have been considered more subjective. In fact, qualitative data can be valid and useful for evaluation and can access different aspects of the effectiveness of the program—what we call the "human dimension." Qualitative and quantitative data combined provide a much more balanced and powerful view of the program than can be obtained by focusing exclusively on one or the other.

An example of the contrast between the one-dimensional nature of quantitative outcome data and the depth that can be provided through qualitative data reporting is provided in the following outcome reported in two different ways:

Outcome (quantitative data): Robert improved his attendance from missing 20 days the first semester to missing only 2 days the second semester.

Outcome (qualitative data): Robert, a first-grade student, had developed a pattern of missing several days at the end of each month. During the first semester, he was absent a total of 20 days. There did not appear to be significant behavioral problems, and Robert tried his best to keep up with the work he missed. Robert's teacher

> was concerned that his mother did not understand the importance of his being at school every day and that she may have been keeping him home unnecessarily. When the school-based case manager made a home visit, she discovered that the family did not have a washing machine or a car. The trip to the laundromat required money for a taxi and for the washer and dryer. At the end of the month, money was tight. Robert's mother did not want to embarrass Robert by sending him to school in dirty clothes and would keep him home on those days. With the help of the case manager, a neighborhood church was contacted that was willing to let Robert's mother use their laundry facility. Robert only missed 2 days during the second semester.

The first report provides quantitative data on attendance for a particular student. It may be combined with similar reports for other students in a group (e.g., elementary students in a school-based program) to obtain statistics such as the percentage improving attendance. In the second report, we not only learn that Robert improved his attendance but also gain insight into the barriers faced by families and the understanding that this was not a parent who was irresponsible and uncaring about the welfare of her child. This parent cared very deeply about her child and did not want to put him in an embarrassing situation. She was probably unaware of other resources and too embarrassed herself to ask for help but was open to alternatives when someone reached out to offer assistance.

School records are perhaps the most basic type of data for outcomes assessment and evaluation. These include but are not limited to the following:

- Grade point average
- Attendance figures (number of days absent)
- Tardiness figures (number of days student was not on time)
- Dropout statistics
- Reenrollment statistics

The EASY/2EASY database system can be used to track these outcomes. Moreover, it is easily customized, so additional "fields" can be added to track other outcomes as desired.

Student and parent surveys provide data on perceptions of student progress. These surveys assess student outcomes in the following areas:

- Physical health
- Mental health
- Social health
- Career development
- Education
- Life skills

A variety of question formats may be employed in outcomes assessment and evaluation, such as multiple-choice, Likert scale, checklist, and open-ended (written response).

In Iowa, case studies consist of success stories of youth and families served by the collaborative services program. These stories are supplied by the project managers, case managers and other program staff, and the students themselves. Such stories provide powerful "educational/social/behavioral pictures" of the program's impact on the lives of students and their families—the human dimension of assessment and evaluation. Some of these may be taken over a period of more than 1 year, providing qualitative longitudinal data on the impact of the collaborative services program on youth and families.

A focus group consists of a small number of participants (generally 6 to 12 persons) who discuss a particular topic under the direction of a moderator who promotes interaction and ensures that the discussion stays on topic (Stewart & Shamdasani, 1990). Group processes can sometimes elicit information through interaction among members that cannot be obtained through individual interviews. On the other hand, for some individuals (e.g., very young students or extremely shy persons), the individual personal interview works best. Responses to open-ended survey questions provide additional qualitative data on program impact and how the program could be improved.

Tools for outcomes assessment are discussed in more detail in Chapter 2. Methods of outcomes evaluation using quantitative data are discussed in Chapter 5; methods using qualitative data are discussed in Chapter 6. Specific examples from the authors' experience with collaborative services programs in Iowa are presented.

Assessment and Evaluation: A Critical Part of Service Delivery

In terms of resource allocation, assessment and evaluation are often considered to be in opposition to service delivery in a "zero-sum" game—the more time and funding allocated to assessment and evaluation, the less one has to allocate to service delivery. Of course, without the delivery of services, there would be no program. Thus, the argument goes, in times of shrinking budgets, one may need to trim or eliminate assessment and evaluation from the budget, so that one may concentrate on delivering services.

This is a false characterization and argument. Without assessment and evaluation, the extent to which services are actually being delivered remains undocumented. Without assessment and evaluation, the extent to which these services contribute to positive outcomes remains unknown, and program accountability is lacking. Without assessment and evaluation, the strengths and weaknesses of the program are undocumented and program improvement is problematical. Instead of a zero-sum game, producing a "win-lose" situation, we need to view the program as a *system* that can produce a "win-win" situation (Deming, 1993). By optimizing the program (system) via process assessment and evaluation and making it accountable via outcomes assessment and evaluation, the program can be more effectively "sold" to funders and other contributors. More important, assessment and evaluation provide guidance to coordinators and service providers for critical decision making. Local utilization of evaluation data is discussed in Chapter 7, and challenges and barriers that can be overcome by assessment and evaluation are discussed in Chapter 8.

A major step for everyone to take in assessment and evaluation is to allow time in the management schedule of staff for discussions that will lead to understanding and acceptance of assessment instruments and evaluation strategies. The time factor must be substantial, using no less than 10% of a given schedule for data collection, computerization, interpretation, and review. That 10% must be ongoing and interspersed to generate and maintain reliable information and to develop assessment and evaluation *as a natural and important part of service delivery.*

Time can be scheduled for weekly or monthly team meetings, workshops, Internet exchanges, intercommunications video networking, early morning or evening fireside chats, computer lab practice sessions, and so on. Some excitement can be worked into the allotment of time by varying the experiences. Again, the most important element to consider here is the allotment of time in the management schedule for assessment and evaluation. In particular, time for reporting should be an expectation and reality built into the work roles of the staff to be able to realize the results expected.

We also recommend centralizing the local reporting of assessment information and assigning someone (secretarial or administrative assistant positions) to monitor input and remind people to follow through. Consistent reporting and quality reporting of information are needed to help realize the results expected. In addition, someone needs to have the time to ensure proper entry and classification of information so local reports can be generated by any agency involved. Service-level staff who receive this type of support can appreciate the benefits of assessment and evaluation. The time devoted to this type of arrangement has resulted in great accountability and local and state support for us. We believe it will produce the same for you. Our service delivery has been enhanced by assessment and evaluation ("win-win"). We feel that yours will too.

The Growing Need for Data

There is a growing recognition among funding agencies of the need to make programs *accountable*. This involves setting goals, establishing outcomes, collecting data on those outcomes, and evaluating the results. Hence, the need for collecting and using data on program outcomes (results)—the raw material of accountability. Focus on results has led to greater efficiencies in government programs and greater public support for them (Osborne & Gaebler, 1992). What gets measured gets done, and by measuring success (*and* failure), it is hoped that one can learn from it.

The "bottom-up" approach to accountability is based on the expectation of program *quality* on the part of the customer. Providing customer satisfaction is a sine qua non for quality in human services programs—hence, the need to listen to customers and survey their degree of satisfaction with services. Beyond that, "it is necessary to innovate, to predict needs of the customer" to constantly improve the quality of services and prepare for the future (Deming, 1993, p. 10). To this end, it is important that we become effective "learning organizations" in which team members are continuously engaged in the learning process through dialogue, communication, cooperation, and personal growth (Senge, 1990). Program improvement is facilitated by collecting and using data on program development or process. Included in these data should be an assessment of the degree to which we are in fact becoming a learning organization. There are many methods and instruments for accomplishing these critical tasks, some of which have been introduced in this chapter (see Table 1.1, see also Preskill & Torres, 1999).

Because accountability is required by program funders, the collection of outcome data will be discussed first. This involves the following three steps:

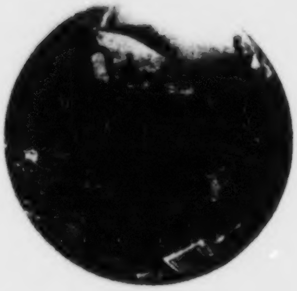
1. A determination or judgment of what outcomes are critical to the success of a program
2. The development of new (or selection of existing) instruments to measure those outcomes
3. The application of the instruments to the relevant program elements (e.g., a sample of program consumers)

The above processes and various tools or instruments that we have found useful for assessing outcomes in Iowa are presented in the next chapter.

NOTES

1. Assessment in the above sense could be conducted without performing an evaluation but gains significance and power when combined with evaluation. Evaluation, on the other hand, always involves—or should always involve—assessment.

2. A second version, called 2EASY, has been developed. The primary difference between these two versions is that EASY treats each individual participant as a record, but in 2EASY, each service contact is a record. Thus, in EASY, it is necessary to constantly update the information on the number of services in the appropriate fields, but in 2EASY, this is done automatically. In addition, 2EASY includes additional layouts that are especially useful for programs using the case management approach to service delivery. We will often refer to the database system as EASY/2EASY to denote the fact that both systems may be used within a collaborative services program.



Monitoring and Gathering Outcome Data for Collaborative Services Programs

Outcomes are the lifeblood of evaluation. Outcome data can be quantitative or qualitative and may be obtained from school records, surveys, interviews, case studies, or focus groups. The Iowa School-Based Youth Services Program (SBYSP) on which this evaluation model is based employed all of the above.

Specifically, in the SBYSP, the following outcome data were gathered and monitored:

- School records, including attendance (absences), grade point average (GPA), tardies, dropping out of school, and reenrollment
- Survey questions on students' and parents' perceptions of student progress
- Qualitative data on students and families from case studies, personal interviews, focus groups, and open-ended survey questions

Monitoring of Outcomes Via the EASY/2EASY Database System

To monitor and evaluate outcomes for collaborative services programs, one must have a system that can simplify the task of data collection and retrieval. Although school cumulative records that are either stored on paper or electronically may have information on student demographics and performance, they do not typically accommodate the magnitude and types of supportive services that may be received by a student. The EASY/2EASY database is designed for use by collaborative services programs and has the capacity to collect, organize, summarize, and report program demographics, services, and outcomes. It was designed using FileMaker Pro (FileMaker Pro, Inc.) and can be used in either the PC or Macintosh environment. (The database 2EASY and accompanying manual may be ordered from one of the authors [Erickson, 2000]. An application form is available inside the back cover.)

The EASY/2EASY database has the capacity to address the following outcome data:

- Absences
- Grades
- Tardies
- Dropping out of school
- Reenrolling in school
- Progress toward individual goals

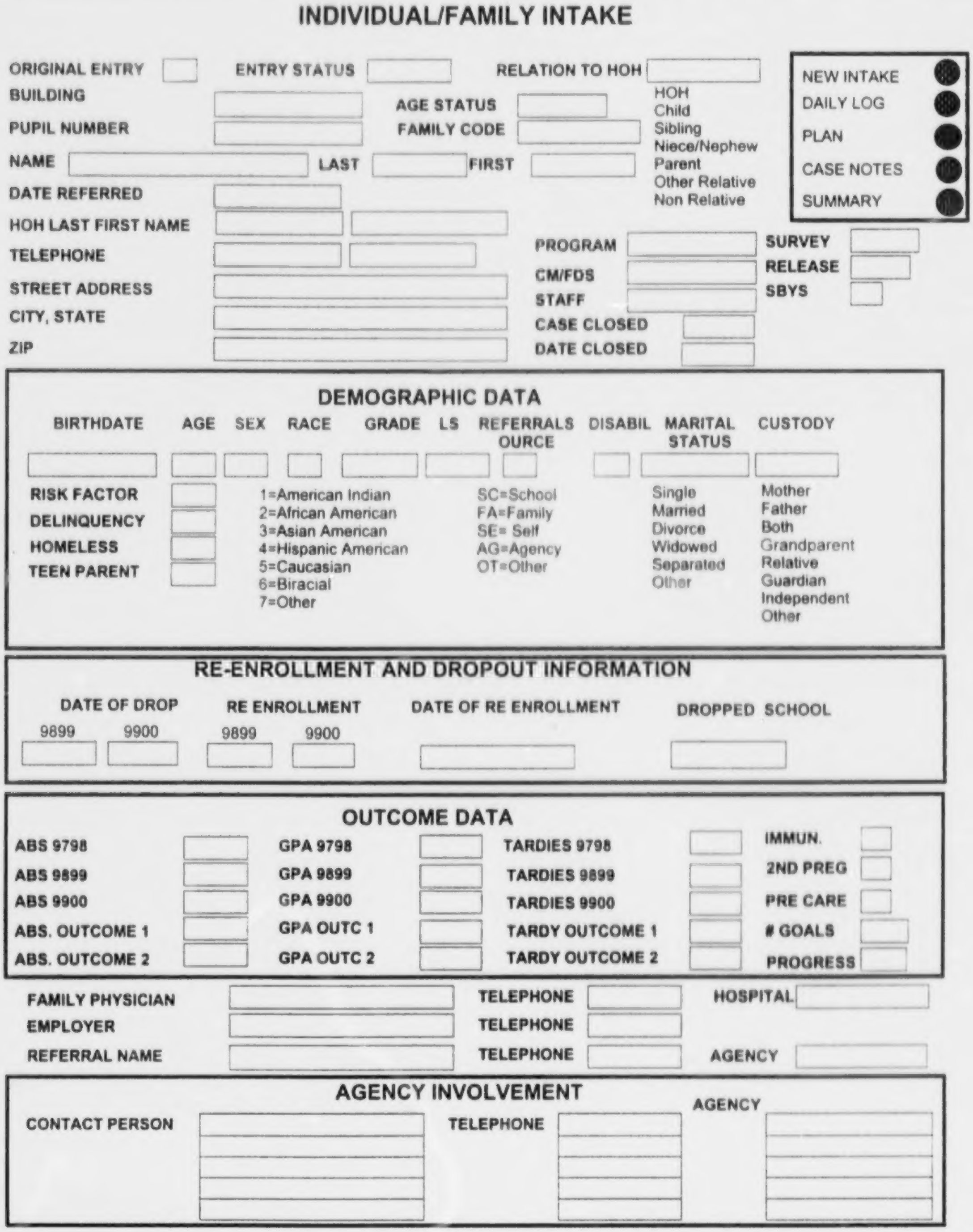
Absences

Data are entered for a maximum of 3 school years. This includes the current school year, 1 year previous to it, and 2 years previous to the current year. For example, for the 1997-1998 version of EASY/2EASY, fields are available to enter absences for the 1995-1996 school year, the 1996-1997 school year, and the 1997-1998 school year. The total number of absences for each participant in each of the school years is either imported from the EASY/2EASY file for the previous year, entered on an ongoing basis as individuals are enrolled, or entered at the end of the current school year.

At the conclusion of a school year when all available data are entered, it is possible to determine how many participants achieved a positive outcome with respect to their absenteeism from school. Two different outcomes are calculated based on the entries for each of the 3 school years. One outcome compares the difference between the current school year and the previous school year. A positive result indicates that attendance improved. A second absence outcome compares the difference between absences 1 year ago and 2 years ago. These two outcomes for absences make it possible to compare the magnitude of change longitudinally. If data are not available for any of the 3 school years, the corresponding outcome is automatically calculated as "1000" and removed from the data pool for evaluation purposes.

This outcome can be used at both the elementary and secondary levels. The school-based program could also track performance for adult or preschool family members. These fields could be used to enter absence data for preschool attendance or employment if the school-based program has access to that data (see Figure 2.1).

FIGURE 2.1. The Individual/Family Intake Section of the 2EASY Database System



INDIVIDUAL/FAMILY INTAKE

ORIGINAL ENTRY ☐ ENTRY STATUS ☐ RELATION TO HOH ☐

BUILDING ☐ AGE STATUS ☐

PUPIL NUMBER ☐ FAMILY CODE ☐

NAME ☐ LAST ☐ FIRST ☐

DATE REFERRED ☐

HOH LAST FIRST NAME ☐ ☐

TELEPHONE ☐ ☐

STREET ADDRESS ☐

CITY, STATE ☐

ZIP ☐

HOH
Child
Sibling
Niece/Nephew
Parent
Other Relative
Non Relative

NEW INTAKE ●
DAILY LOG ●
PLAN ●
CASE NOTES ●
SUMMARY ●

PROGRAM ☐ SURVEY ☐
CM/FDS ☐ RELEASE ☐
STAFF ☐ SBYS ☐
CASE CLOSED ☐
DATE CLOSED ☐

DEMOGRAPHIC DATA

BIRTHDATE ☐ AGE ☐ SEX ☐ RACE ☐ GRADE ☐ LS ☐ REFERRALS OURCE ☐ DISABIL ☐ MARITAL STATUS ☐ CUSTODY ☐

RISK FACTOR ☐
DELINQUENCY ☐
HOMELESS ☐
TEEN PARENT ☐

1=American Indian
2=African American
3=Asian American
4=Hispanic American
5=Caucasian
6=Biracial
7=Other

SC=School
FA=Family
SE= Self
AG=Agency
OT=Other

Single
Married
Divorce
Widowed
Separated
Other

Mother
Father
Both
Grandparent
Relative
Guardian
Independent
Other

RE-ENROLLMENT AND DROPOUT INFORMATION

DATE OF DROP: 9899 ☐ 9900 ☐
RE ENROLLMENT: 9899 ☐ 9900 ☐
DATE OF RE ENROLLMENT ☐
DROPPED SCHOOL ☐

OUTCOME DATA

ABS 9798 ☐ GPA 9798 ☐ TARDIES 9798 ☐ IMMUN. ☐
ABS 9899 ☐ GPA 9899 ☐ TARDIES 9899 ☐ 2ND PREG ☐
ABS 9900 ☐ GPA 9900 ☐ TARDIES 9900 ☐ PRE CARE ☐
ABS. OUTCOME 1 ☐ GPA OUTC 1 ☐ TARDY OUTCOME 1 ☐ # GOALS ☐
ABS. OUTCOME 2 ☐ GPA OUTC 2 ☐ TARDY OUTCOME 2 ☐ PROGRESS ☐

FAMILY PHYSICIAN ☐ TELEPHONE ☐ HOSPITAL ☐
EMPLOYER ☐ TELEPHONE ☐
REFERRAL NAME ☐ TELEPHONE ☐ AGENCY ☐

AGENCY INVOLVEMENT

CONTACT PERSON ☐ TELEPHONE ☐ AGENCY ☐

NOTE: For definitions, see Erickson (2000). *(continued)*

FIGURE 2.1. Continued

INDIVIDUAL/FAMILY INTAKE

INTAKE- -PAGE 2

	INITIAL ASSESSMENT	POST ASSESSMENT
BASIC NEEDS		
DIET		
HEALTH CARE		
DRUG USE		
ABUSE		
EMPLOYMENT		
FINANCIAL		
ADULT EDUCATION		
CHILD EDUCATION		
PARENTING		
TRANSPORTATION		
CHILD CARE		
SUPPORT NETWORK		
COUNSELING		
HOUSING		
ILLEGAL ACTIVITY		

FAMILY STRENGTHS:

NOTES:

INITIAL GOAL:

NOTE: For definitions, see Erickson (2000).

Grades

The process for collecting and evaluating grade outcomes is very similar to that described for absences. Again, data are entered for a maximum of 3 school years. The current GPA, to the nearest hundredth, for each participant for each of the school years is either imported from the EASY/2EASY file for the previous year, entered on an ongoing basis as individuals are enrolled, or entered at the end of the current school year. The current rather than cumulative GPA is used because it is more sensitive to changes in grades.

At the conclusion of a school year when all available data are entered, it is possible to determine how many participants achieved a positive GPA outcome. Two different outcomes are calculated based on the entries for each of the 3 school years. One outcome compares the difference between the current school year and the previous school year. A positive result indicates that grades improved. A second GPA outcome compares the difference between GPA 1 year ago and 2 years ago. These two outcomes for GPA make it possible to compare the magnitude of change longitudinally. If data are not available for any of the 3 school years, the corresponding outcome is automatically calculated as "1000" and removed from the data pool for evaluation purposes.

In Iowa, data for this outcome are available only for students in high school and, in some cases, middle school. However, this measure could be modified and used with standardized test scores or other measures of academic achievement, which might be more generally available (see Figure 2.1).

Tardies

The process for collecting and evaluating tardy outcomes is very similar to that described for absences and grades. Data are entered for a maximum of 3 school years. This includes the current school year, 1 year previous to it, and 2 years previous to the current year. The total number of tardies for each participant for each of the school years is either imported from the EASY/2EASY file for the previous year, entered on an ongoing basis as individuals are enrolled, or entered at the end of the current school year.

At the conclusion of a school year when all available data are entered, it is possible to determine how many participants achieved a positive outcome with respect to their tardiness at school. Two different outcomes are calculated based on the entries for each of the 3 school years. One outcome compares the difference between the current school year and the previous school year. A positive result indicates that punctuality improved. A second tardy outcome compares the difference between tardies 1 year ago and 2 years ago. These two outcomes for tardies make it possible to compare the magnitude of change longitudinally. If data are not available for any of the 3 school years, the corresponding outcome is automatically calculated as "1000" and removed from the data pool for evaluation purposes.

This outcome can be used for all grade levels. The school-based program could also track tardiness for adult family members in their employment, if available (see Figure 2.1).

Dropping Out of School

By entering the date that a student was officially dropped from school, dropout rates can be determined for students who receive services through a collaborative services program. These can be compared with overall school or district rates. EASY/2EASY allows dropout data to be entered for a current and previous school year. This will enable one to determine the percentage of students who return and stay in school in a particular year among those who dropped out in the previous year. Many students who drop out of a regular school enroll in an alternative school, eventually graduate therefrom, and become productive citizens (Veale, 1990) (see Figure 2.1).

Reenrolling in School

By entering the date that a student was reenrolled in school, reenrollment rates can be determined for students who receive services through a collaborative services program. These can be compared with overall school or district rates. When a date is entered into the reenrollment field, a comparison is made between the reenrollment date and the date that the student dropped out. If the date is later than the date the student dropped out, he or she is counted as a *successful* reenrollee. That is, a successful reenrollment is defined as one in which the student reenrolls and then completes that entire school year. On the other hand, if the student dropped out again after reenrolling, he or she is counted as an *unsuccessful* reenrollee (see Figure 2.1).

Progress Toward Individual Goals

For programs that have case management as a component, the 2EASY database makes it possible to identify individual goals and progress that participants make toward meeting those goals. Goals can be identified in the following 16 fields:

Basic needs
Diet
Health care
(Avoiding) drug use
(Avoiding) abuse
Employment
Financial

Adult education
Child education
Parenting
Transportation
Child care
Support network
Counseling
Housing
(Avoiding) illegal activity

Specific goals and progress toward meeting those goals can be identified in an individual or family plan that is part of the 2EASY database. An individual can have goals in multiple categories. These can be summarized by goal categories or for individual participants to determine progress toward meeting goals that are separate from the outcomes previously described. This is important for students and families who have multiple or severe risk factors that may make it difficult to show progress based on the aforementioned outcomes (such as GPA) in the short term. Often one finds that "things get worse before they can get better." However, there may more likely be progress in reduction in drug use among family members, improved housing situation, greater degree of family independence, and other more immediate goals that can be identified through the use of the individual or family plan in 2EASY (see Figure 2.1).

Student and Parent Surveys: Perceptions of Student Progress

In addition to school records relating to academic performance and attendance, it is useful to survey student and parent *perceptions* of how the student is progressing in school and in her or his life. A grade point average does not tell the full story of how the student is progressing academically. Moreover, school records do not show how the student is doing in the social, behavioral, and health areas of her or his life. Nor do they indicate how the student is doing in terms of employment or training for future employment.

We decided to include such assessments in the School-Based Youth Services Program. To this end, we conducted a "brainstorming" session with the local site leaders, the State Coordinating Committee, the state director, and the research consultant. Outcomes concerning student progress that these participants felt were important to assess were identified. These outcomes were written on a whiteboard and transcribed for future reference. There was an agreement prior to initiating this process that these outcomes would be accepted without criticism at this point. Later, judgments would be made concerning any possible redundancies, inappropriate or nonessential outcomes, or additional outcomes to be included. These changes would have to be agreed on by the group. This process was found to work very well.

Survey questions that addressed each outcome were then developed. Originally, these were written in Likert scale format. This made for a high degree of uniformity in the survey and was highly space efficient. However, problems arose in that some of the questions could not really be answered as accurately as others using this format. For example, consider Figure 2.2.

FIGURE 2.2. Likert Scale Student Outcomes Item

ITEM: I like school more now. SA A U D SD NA

This is a typical Likert scale item with answer choices *strongly agree* (SA), *agree* (A), *undecided* (U), *disagree* (D), *strongly disagree* (SD), and *not applicable* (NA). This format does not provide a clear assessment of the student's attitude toward school. For example, a student who likes school now *and has always liked it* would, logically, be forced to disagree with the statement because he or she does not "like school *more* now" (emphasis added).[1] These students' responses would be combined with those who like school less and those who do not like school and did not like it before. Similar problems were found with other questions.

The above question was changed to a multiple-choice format with four choices, as presented in Figure 2.3.

FIGURE 2.3. Multiple-Choice Student Outcomes Item: Complex Form

ITEM: I like school . . .
(A) more now
(B) less now
(C) the same as before (like it)
(D) the same as before (do NOT like it)

The above format could clearly diagnose students who (a) showed improvement, (b) worsened, (c) stayed the same (positive response), and (d) stayed the same (negative response) with respect to their attitude toward school. These questions are balanced, with two positive and two negative choices, except for a few in which this was not possible or appropriate. However, the survey using this item format had two main problems:

(1) it lacked a clear *question-answer* structure, and (2) the answer choices (three, four, or five) were rather complex. The sentence completion format with complex answer choices was difficult for some students.

Based on discussion with some of the program site leaders, the above question was changed to a question-answer multiple-choice format, with just three choices, as presented in Figure 2.4.

FIGURE 2.4. Multiple-Choice Student Outcomes Item: Simplified Form

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ITEM: Do you like school?
(A) More now than before
(B) Yes
(C) No

This format was much simpler and easier for students to use. It provided diagnostic information indicating either (a) improvement, (b) affirmation (no change in status), or (c) negation (either worsened or no change) regarding the student's attitude toward school. Note that a "No" response could indicate that the student (a) disliked school to the same degree as before or (b) disliked school more than before. This choice (C) clearly indicates that the student does not like school (a negative response) but does not separate those whose attitude worsened from those who disliked school the same as before. This separation was judged to be less important from an accountability standpoint.

A *positive assessment* refers to responses to a survey question that indicate either improvement or affirmation (no change in status) regarding the desired outcome. For example, in the question on liking school, positive assessment includes either answer choice A ("More now than before"), indicating improvement, or answer choice B ("Yes"), implying affirmation and no change on the desired outcome (liking school). *Attainment* of a survey outcome by a group (e.g., high school students) occurs when the percentage of the group providing positive assessments on the corresponding survey question meets or exceeds a certain predefined criterion (e.g., 75%).[2] *Improvement* is measured by the percentage of the group indicating improvement regarding the desired outcome. Thus, if 20 out of 25 high school students provided a positive assessment on a survey question, the percentage of positive assessment would be 80% (= 20/25 × 100%). With a 75% (or an 80%) criterion, attainment would be reached by this group on this outcome. Moreover, if 10 of these indicated improvement, the percentage of improvement would be 40% (10/25 × 100%).

A positive outcome score (POS) on the questions was defined for these multiple-choice questions as "1" if the respondent (student or parent) provided either an improved response or indicated no change and agreement with the desired outcome; otherwise, POS was defined to be "0."

Outcome scores were defined by summing the positive outcome scores for the questions. Item analyses were conducted, including internal consistency reliability (Cronbach's coefficient alpha). In the 1997-1998 SBYSP student and parent surveys, the coefficient alpha ranged from .701 on the survey for parents of elementary students to .872 on the survey for parents of high school students.[1] Survey question development is both an art and a science. In additional to statistical indices, there are rules for writing good questions and ensuring content validity of surveys. Regarding the latter, the process used to develop the student outcomes and questions to assess them involved a statistical or research consultant, state program director, site project managers, and collaborating agency representatives. These instruments were evaluated each year by those intimately connected with the program and its participants. This process supports content validity. (See Veale, 1995, for a more detailed analysis of an earlier version of the student outcomes survey questions. For survey question development, item analysis, and scale construction, see Spector, 1992; for reliability and validity assessment, see Carmines & Zeller, 1979.)

Other types of survey questions are possible. For example, a *checklist* item was developed for assessing the effect of health services on school performance in the School-Based Youth Services Program (see Figure 2.5). This question is scored by computing the percentage who check each option and ordering these percentages from lowest to highest.

FIGURE 2.5. Checklist for Impact of Health Services on School Performance

ITEM: Think about your health and how you have done in school this past year. Check one or more of the following if they helped you to do better in school.

a. ___ eating better, nutritious foods
b. ___ getting regular exercise
c. ___ getting enough rest and sleep
d. ___ reducing or not using drugs
e. ___ reducing or not using alcohol
f. ___ reducing or not using tobacco
g. ___ not having unsafe sex
h. ___ not getting pregnant
i. ___ not getting someone pregnant
j. ___ getting dental care
k. ___ getting medical care
l. ___ knowledge about health issues
m. ___ reducing or controlling stress
n. ___ worrying less
o. ___ dealing with depression
p. ___ having a positive attitude
q. ___ other (please write in): ______________________________

Various demographic questions are typically asked, such as the participant's age, gender, race/ethnicity, whom they live with, and where they live. In addition, the surveys may be color-coded to indicate the student's level of "risk." This enables one to analyze the survey data by cross tabulating on these demographic variables (see Chapter 3).

For example, the ethnicity/race question is presented in Figure 2.6.

FIGURE 2.6. Ethnicity/Race Item

ITEM: Racial or ethnic group (check one)

a. ___ African American (Black)
b. ___ Asian American
c. ___ Caucasian (White)
d. ___ Hispanic
e. ___ Native American (American Indian)
f. ___ Other ______________________

One may also assess the student's or family's housing status, as presented in Figure 2.7.

The information from Figure 2.7 may be useful in evaluating the program's impact on homeless children. (The student and parent surveys are given in Resources A-F.)

FIGURE 2.7. Housing Item

ITEM: Housing (where you live; check one)

a. ___ House
b. ___ Apartment or mobile home
c. ___ Camper, trailer, or motor home
d. ___ Car, truck, or tent
e. ___ Shelter
f. ___ Other ______________________

Selecting the Students and Parents for the Survey Using EASY/2EASY

Using the EASY/2EASY database system, we recommend sorting students at each grade level *who had at least five contacts* with the collaborative services program by (a) level of student risk ("risk factor")[4] and (b) number of contacts. Then one may print out student names, numbers of contacts, and risk factors for each of the four levels (elementary school, middle school, high school, and out of school). We do not recommend surveying prekindergarten kids or their parents. For the elementary school level, we recommend selecting only students in Grades 4 and 5. Middle school consists of Grades 6 through 8; high school is Grades 9 through 12, including alternative schools. "Out of school" includes those working on a general equivalency diploma (GED), those who have obtained a GED, and those with unknown grade status. In addition, if high school students dropped out during the year and services were provided to them primarily *after* they dropped out, they should be considered out-of-school youth. (Otherwise, they should be considered high school students for the purposes of the survey.) The grade level codes in EASY/2EASY are given in Table 3.1 in the next chapter. By restricting the sample frame to students with at least five contacts with the program, a sample of students who are familiar with the program will be obtained. In addition, this will be a sample of students for whom the program has had a chance to work to produce positive outcomes.

Select a random number between 1 and 20. This is the "random start," denoted x. Then select the xth student in the first list (say, elementary students with at least five contacts) and every 20th one thereafter. Then continue this process for the second, third, and fourth lists—middle school, high school, and out of school. "Piggyback" the second, third, and fourth lists onto the first list and continue selecting every 20th student until you work through all the lists. For example, if x is 7, select the 7th student, 27th student, 47th student, and so on. The students thus selected together comprise the random, systematic sample of students from the program site. Students at the various grade levels, risk levels, and magnitudes of contact with the program should be well represented via the systematic random sampling of the presorted list of students.

An attempt should be made to survey all parents of students who were surveyed. Parents of students who do not respond to the survey may also be surveyed.

Preparing the Student and Parent Surveys

Determine the number of student surveys of each type (grade level) to be produced. Then determine how many of each type you need for students who are high, medium, low, or unknown risk. Copy their surveys in the following colors:

- High risk—white
- Medium risk—blue
- Low risk—pink
- Unknown risk—yellow

For example, if you found that you needed 10 surveys for high school, and four of these students were high risk, three were medium risk, two were low risk, and one was of unknown risk, you would produce 4 white high school surveys, 3 blue surveys, 2 pink surveys, and 1 yellow high school survey.

Use the same color code as given above for the parent surveys. Say you were successful in surveying all four high-risk high school students but only surveyed two of the three medium-risk students and one of the two low-risk students, and you were also unable to survey the high school student of unknown risk who was in the sample. You would only need 7 parent surveys for the parents of these high school students—4 white, 2 blue, and 1 pink parent survey. The maximum number you will need of each color will be the total number of students actually sampled from the elementary, middle school, high school, and out-of-school student sample—at each risk level. In the above example, this would be 10 for the high school group. If you use this number, you may get some parents responding whose child does not respond to the student survey. This is acceptable, but we prefer to sample parents of students who were actually surveyed, for purposes of comparison (see Chapter 3 for a discussion of student risk assessment).

Administering the Student Surveys

The following are suggestions for administering the student surveys:

- Fill in your program's name in the blank space in the directions for Section 1 on page 1 of each survey if you forgot to do this before you made copies. You should make sure that they all understand what the School-Based Youth Services Program (the name of the collaborative services program) is when they encounter the term in the survey.
- Fill in the numerical information regarding the number of contacts the respondent has had with the program up to this point. You should do this just prior to giving her or him the survey. This information goes in the last section on the last page of the survey. (If you forget, you may do this after the student completes the survey.)

- Please tell the students *not* to put their names on the surveys and that their responses will be completely private.
- Allow the student as much time as needed to complete the survey. Some students (e.g., special education or elementary students) may need a little help in completing the survey. You could read the questions to them individually (i.e., interview them). In these cases, be careful not to lead them with overly directive prompts.
- After the student completes the survey (*not* before), you may wish to write comments about the student (e.g., nature of problems, progress made, etc.) in the Staff Comments space at the end of the survey. The student should not be identified.
- Include the delinquency identification category, if it is available, in the Staff Comments space. Use the same identification code we are using in the EASY/2EASY database for this field (see Table 3.1 in Chapter 3).
- With many elementary and middle school students, some high school students (special education), out-of-school youth, and even parents, you probably should read the directions for Section 1 to them and, of course, be available to answer any questions they might have about any part of the survey. With some students, you may need to administer the survey orally.

Administering the Parent Surveys

The following are suggestions for administering the parent surveys:

- Fill in your program's name in the blank space in the directions for Section 1 on page 1 of each survey if you forgot to do this before you made copies. You should make sure that they all understand what the School-Based Youth Services Program (the name of the collaborative services program) is when they encounter the term in the survey.
- We prefer that you survey only parents of students selected for the student surveys. Try to get as many of these as you can.[5]
- Fill in the numerical information regarding the number of contacts the parent's *child* has had with the SBYSP up to this point. If the parent is at the center (typically located in or near the school), you should do this just prior to giving her or him the survey. This information goes in the last section on the last page of the survey. If you forget to include it, you may do this after the parent completes the survey. If you are doing the surveys by mail, definitely fill this in *before* mailing them.
- If possible, survey the parent while he or she is at the center or in his or her home on a home visit because that will generally yield a higher response rate than by mailing them out.

- You may need to read the directions to some of the parents. With some parents, you may need to administer the entire survey orally.

Documentation of the Sampling Process

It is recommended that the site coordinators provide a brief documentation of their sampling process, including the following:

- The database used to obtain the sample frame (2EASY, EASY for PC/Windows users or EASY for Mac users)
- The total number of students selected, by grade level and level of student risk
- The number of students who actually completed the surveys, by grade level and level of student risk
- The total number of parents asked to complete the surveys (if this is less than the total number of students, please indicate the reason or reasons)
- The total number of parents who actually completed the surveys

This will help to ensure that the proper procedure is followed and allow you to determine the response rates for students and parents. A sheet titled Documentation: 1999-2000 Student/Parent Surveys was included in the packet of materials sent to each site coordinator in Iowa and is presented in Figure 2.8.

Qualitative Outcome Data

School records and many survey questions provide quantitative outcome data on students. Such data may be readily combined over students and statistically analyzed. Case studies, personal interviews, focus groups, and open-ended survey questions produce qualitative outcome data on students and families. In addition, data on "progress toward individual goals" that are tracked in 2EASY are largely qualitative. Such data are holistic and multidimensional but are difficult to combine and analyze.

For example, recall the story in Chapter 1 about Robert, the student who missed 20 days last semester and only 2 days in the current semester. Through a home visit by a caseworker, it was learned that the family did not have a washing machine or a car. At the end of the month, the mother would have to take a taxi to a laundromat to wash clothes for her family. She did not want Robert to attend school in dirty clothes, so she kept him home on those days. The targeted services—obtaining the use of laundry facilities in a neighborhood church—alleviated the problem for this family. This qualitative data provided a human context that explained (a) the high number of absences by this student in the previous semester

FIGURE 2.8. Documentation Sheet for Surveys

DOCUMENTATION

1999-2000 STUDENT/PARENT SURVEYS

SBYSP Site Location/Name: ____

1. Database system used to obtain sample frame:

☐ 2EASY
☐ EASY

2. Type of computer used:

☐ Macintosh
☐ PC(IBM-compatible)

3. Number of students selected in the sample, by grade level and risk

Grade Level	Risk			
	Low	Medium	High	Unknown
Elementary (4-5)				
Middle School (6-8)				
High School (9-12)				
Out of School				

4. Number of students completing the survey, by grade level and risk

Grade Level	Risk			
	Low	Medium	High	Unknown
Elementary (4-5)				
Middle School (6-8)				
High School (9-12)				
Out of School				

5. Number of parents asked to complete survey = ____ *

6. Number of parents completing the survey = ____

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* If less than the number of students, please give reason: ______________________________

(before services) and (b) the improvement in attendance in the current semester (after services). Other examples of qualitative outcome data are a student's "developing problem-solving skills," a mother's becoming "increasingly independent," and a parent's learning to "access and use resources" after various services were provided (see Chapter 6).

NOTES

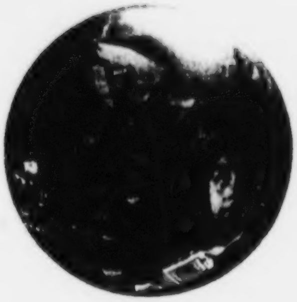
1. On the other hand, some students may not answer logically and might agree with the statement (because they do "like school," which is part of the statement) or select *undecided*. This would further contaminate the data.

2. These questions are unbalanced in the sense that there are two "positive" choices and there is only one "negative" choice—answer choice—"No" in the above example. Intuitively, we should get attainment on more of these unbalanced survey questions because there is a higher proportion of positive choices. In fact, this was observed in the high school, middle school, and parent surveys—using the attainment criterion of 75% (Veale & Morley, 1997). "Raising the bar" (attainment criterion) to 80% appears to effectively compensate for the lack of balance in the positive and negative answer choices in the survey questions.

3. This includes all questions *except* the conditional question regarding the student's showing up on time for work (if he or she has a job) on the surveys for middle and high school student outcomes.

4. Level of student risk or "risk factor" is assessed by a 30-factor instrument discussed in Chapter 3. This results in a classification of the student as low, medium, or high risk, depending on the number and type of factors identified for that student. In the case of new students about which little is known, the field may be left blank in EASY/2EASY, indicating unknown risk.

5. Typically, a response rate of 75% or higher is considered good, 50% to 75% is fair, and less than 50% is considered poor.



Assessing Student Risk and Other Critical Customer Characteristics

In the "old days" before accountability for outcomes became an expectation of funders, demographic- and service-level data were the only types of data collected and reported by many programs. Even with increasing emphasis on outcomes, collecting certain kinds of information on the customers who receive services from school-based programs should be considered for several reasons:

- "Stakeholders"—those with a stake in the results of the evaluation—continue to desire a description of the types of clients served.
- Equity is an important consideration in terms of gender, diversity, income, disability, and other characteristics.
- Realistic outcomes should be considered based on client needs. For example, it may take longer to realize significant gains in the area of attendance or grades for an adolescent who has high-risk characteristics such as teen pregnancy or homelessness.
- Evaluation can identify client characteristics that are linked to negative outcomes and lead to program improvements for targeted populations. Data could reveal that the rate of school withdrawal is highest for ninth-grade males who are just entering high school. Programming might then be developed that would provide additional support, such as mentors, as students transition from middle to high school.

Demographic Characteristics to Consider

Demographic data that have been collected by school-based programs and incorporated into EASY/2EASY include those listed in Table 3.1.

An important application of the demographic information used in EASY/2EASY is in determining program equity. For example, it is of interest to determine whether the program is serving males and females equally—from the standpoint of the customer. This issue is addressed in the section Using Background Information in Process Evaluation: The Issue of Equity in Chapter 4.

Assessing Level of Risk

An instrument for assessing the level of student risk was developed through a group brainstorming process in the School-Based Youth Services Program in Iowa. Thirty factors were identified as contributing to students being at risk of dropping out, not succeeding in school, or not becoming a productive member of society. Seven factors were identified as being "critical" factors for determining risk, whereas the other 23 were considered important but "noncritical." The critical factors were the following:

1. Dropout or expelled
2. Victim of physical, psychological, or sexual abuse; rape; or other violent crime
3. Pregnancy/teen parent
4. Homeless
5. Language or cultural barriers
6. Out-of-home placement
7. Committed criminal acts

Noncritical factors include repeated school failure, no extracurricular activities, a chronic health condition, gang membership, and no identified career interests, inter alia.

The factors we came up with agree fairly closely with those established in the Phi Delta Kappa (PDK) study of students at risk (Frymier, 1992). Although this study was published a year before we developed our list of factors, we were not aware of it at the time. Because the study was based on a careful analysis of data from more than 20,000 students, and many of the factors we included in our instrument were also included in the PDK study, we felt that this supported the validity of our instrument.

Empirical data have provided further validation. For example, students classified as high risk were found to have higher dropout rates than

(text continues on page 36)

TABLE 3.1 Demographic Data Incorporated Into EASY/2EASY

Data	*Definition*
School or building	The school or building in which the participant is enrolled
Age status	Minor or adult
Date referred	The date that the client was initially referred for services
Risk factor	Identifies the level of risk as low (L), medium (M), or high (H) for the client (A full description of how risk is assessed follows in the next section.)
Delinquency	Refers to clients who have been determined delinquent at one of the following environments: **L** = Legal identification **S** = School identification **P** = Potential for delinquency **N** = None
Homeless	Refers to clients who qualify as homeless according to the definition provided by the Iowa Department of Education (*Homeless child or youth of school age* is defined as a child or youth between the ages of 5 and 21 who lacks a fixed, regular, and adequate nighttime residence and includes a child or youth who is living on the street, in a car, tent, or abandoned building or some other form of shelter not designed as a permanent home; who is living in a community shelter facility; or who is living with nonnuclear family members or with friends, who may or may not have legal guardianship over the child or youth of school age [Iowa Administrative Code, 1999, Appendix C, chap. 33, p. 10].)
Pregnant teen	Refers to a pregnant or parent teen (This category should be used for both males and females. If a male has fathered a child, he should be classified as a parent teen.)
Age	The age of the client
Sex	The gender of the client
Race	Reflects the racial identity of the client using the following codes: **1** Native American Indian **2** African American **3** Asian American **4** Hispanic American **5** Caucasian **6** Biracial **7** Other

TABLE 3.1 Continued

Data	*Definition*
Grade	The following codes are used to identify grade levels of clients at the time of enrollment: **–2** Below school age **–1** Preschool **0** Kindergarten **1 to 12** Grade levels of in-school youth or the last grade that a youth who dropped out of school attempted **13** Graduates from any previous, *not current,* school year **14** Unknown status **15** General equivalency diploma (GED) in progress **16** GED obtained **17** Alternative high school student **18** Enrolled in postsecondary program **19** Completed post–high school training **20** Adult who did not complete high school
LS	Refers to lower socioeconomic status. The codes represent the following categories: **FRPL** Free or reduced-price meals **PA** Public assistance **ECDIS** Economically disadvantaged according to poverty guidelines **MULT** Client qualifies for economic assistance from multiple sources **0WP** Client does not meet poverty guidelines but could be described as "working poor" **0INMI** Independent minor
Referral source	Indicates who made initial contact with your school-based program to suggest that the customer seek services. The codes used to identify referral sources are as follows: **SC** Someone from within the school **FA** A family member of the participant **SE** Self-referral **AG** Staff from another agency **OT** Any other source
Disability	Refers to a student with an identified educational disability according to the Iowa Department of Education

(continued)

TABLE 3.1 Continued

Data	*Definition*
Marital status	Refers to the client's marital status. The categories are as follows: Single Married Divorced Widowed Separated Other
Custody	For minors, this category refers to the individual having *physical* custody of the student at the time of intake. The options are as follows: Mother Father Both Grandparent(s) Relative Guardian Independent Other

those of medium or low risk. Because having previously dropped out of school is one of the factors contributing to risk, this result provides further evidence regarding the validity of the risk assessment instrument.

We feel that our instrument has the following advantages:

- Simple checklist format
- Three levels of risk assessment (low, medium, and high), allowing easy entry into the database and use in surveys via color coding
- Validity based on comparisons with an instrument of established validity and empirical data
- Developed specifically for students and families in collaborative services programs

Scoring and Classification by Level of Student Risk

The scoring is based on the number and types of factors identified for a student. A student is classified as having the following:

- *Low risk* if no factors were indicated
- *Medium risk* if one to three noncritical factors were indicated (no critical factors)
- *High risk* if (a) one or more of the critical factors were indicated or (b) four or more of the noncritical factors were indicated

It is intended that staff identify these risk factors for each student on intake and update these assessments whenever risk increases significantly and new information becomes available on students. (If no information is available on a student, he or she is classified as having ***unknown risk***. This may occur, for example, when a student has just entered the program.)

For purposes of evaluating the impact of services, ***new information can increase but should not decrease the risk level of a student***. This does not mean that the student cannot overcome these risk factors. The only situation in which a student's risk could decrease would be when the original assessment was in error. For example, suppose that a student's attendance for the year was incorrectly recorded as 85 days missed, whereas the actual number of days was 8.5 days—a transcription error involving a misplaced decimal point. This should not be confused with the situation in which a student no longer indicates the risk factors (e.g., a student whose attendance had been very poor but who is now attending regularly). The risk factor (poor attendance) is still there—it is just not presently being manifested.

We consider "risk" to be a background characteristic, not an outcome. It is included in EASY/2EASY as a demographic variable ("risk factor" in Table 3.1). As such, the assessment of risk can yield a specification, restriction, or qualification of program effectiveness. However, risk is not *itself* a measure of program effectiveness (outcome) in our system. The risk assessment instrument is presented in Figure 3.1, and the directions for applying it are shown in Figure 3.2.

(text continues on page 40)

FIGURE 3.1. Student Risk Assessment Instrument

	Check (✓) if present
CRITICAL FACTORS	
1. Dropout or expelled	
2. Victim of physical, psychological, sexual abuse, rape, or other violent crime	
3. Pregnancy/teen parent	
4. Homeless (on the street, shelter, transitional housing, living with friends, or other temporary arrangement)	
5. Language/cultural barriers	
6. Out-of-home placement (foster care, detention, independent living, residential treatment, etc.)	
7. Committed criminal acts	
NONCRITICAL FACTORS	
1. Experienced repeated school failure (low achievement, low grades)	
2. Poor attendance, repeated suspensions, repeated tardiness	
3. Special education student or student with mental, learning, behavioral, or physical disabilities whose needs are not met through special education	
4. No extracurricular school activities	
5. Experienced mental health problems (including suicidal ideation or attempts or sudden personality changes)	
6. Recent crisis (death, divorce, illness) or life transition	

(continued)

FIGURE 3.1. Continued

	Check (✓) if present
7. Social isolation/relationship problems/negative peer influence	
8. Eating disorders	
9. Chronic health condition	
10. Sexually active	
11. Substance abuse by self or family member	
12. Economically disadvantaged	
13. Lack of personal educational goals	
14. Lack of motivation to improve	
15. Family dysfunction/youth's needs are not being met by the family	
16. Committed delinquent acts	
17. Gang membership	
18. Extreme mobility (moving two or more times in one year)	
19. Inability to keep employment/unacceptable work behavior	
20. Lack of skills for competitive employment	
21. No identified career interests	
22. Lack of work ethic (not wanting to work)	
23. No postsecondary work or training plan or goals	

FIGURE 3.2. Directions for Using the Risk Assessment Instrument

Low risk—no factors indicated

Medium risk—one to three noncritical factors indicated

High risk—(a) one or more of the critical factors (shaded rows in Figure 3.1) indicated *or* (b) four or more of the noncritical factors indicated

It is intended that you identify these risk factors for each student on intake and update these assessments at any point that risk increases significantly or new information becomes available on students. In most cases, a student's level of risk will *increase* as new information becomes available.

It is suggested that you code the assessments of low, medium, and high risk as follows:

Risk Category	*Code*
Low risk	L
Medium risk	M
High risk	H

The appropriate letter should be entered into the risk field of the student's record in the database.

Assessment of Student Risk: What Do We Get From It?

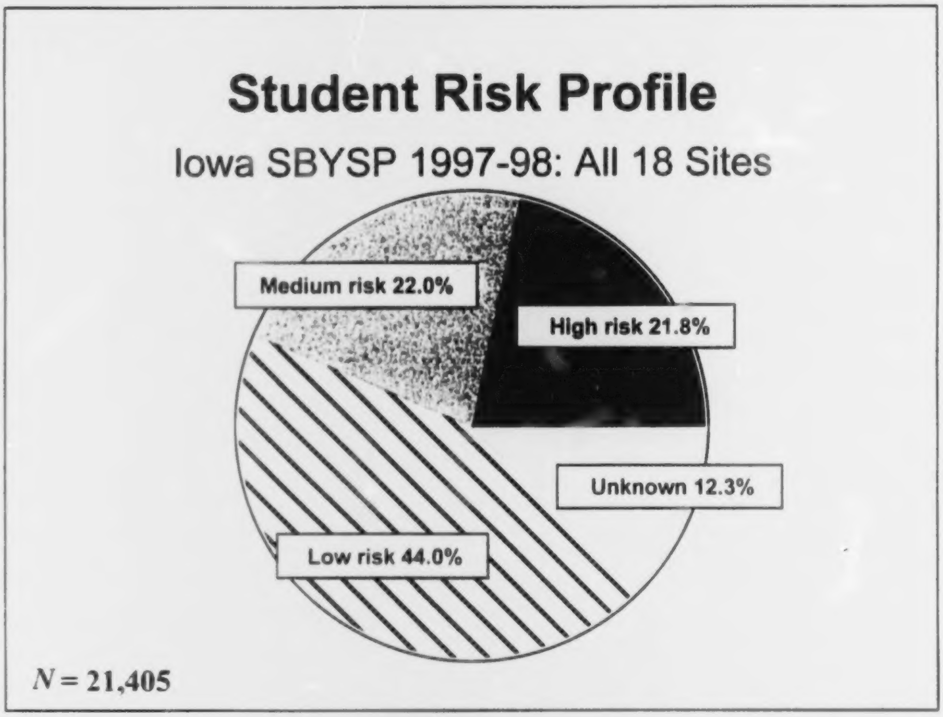
The assessment of student risk yields three benefits for school-based collaborative services programs:

- Information on how many in a program are at high, medium, and low levels of risk
- An evaluation tool for determining whether the initiative is affecting higher-risk students differently from lower-risk students
- A holistic, diagnostic picture of each individual student's needs (to personalize and fine-tune service delivery)

The first of these provides an answer to the first part of the question that gave rise to the risk assessment instrument: "How do we know we are *serving* and *affecting* the most seriously at-risk students (in the community)?" We can determine the proportion of students served who are high, medium, and low risk. (Of course, there may be others in the community who are high risk and not participating in the program.)

For example, with Iowa's SBYSP in 1997-1998, based on a total of 21,405 students served, we found that 21.8% were high risk, 22.0% were medium risk, and 44.0% were low risk (12.3% were of unknown risk). This may be presented in a pie chart, as shown in Figure 3.3. Slightly more

FIGURE 3.3. Student Risk Profile for 1997-1998 SBYSP



than one student in five is high risk, and about half of those of known risk are either high or medium risk. Because the Iowa program is open to all students, these figures may be considered fairly high.

The second benefit—determining the program's impact for students at varying levels of risk—addresses the second part of the question that led to the development of the risk assessment tool. In outcomes evaluation, it is of interest to determine the degree to which performance on some outcome (e.g., the rate of dropping out of school) is different for students at different risk levels. Such differences point to the importance of considering the social groupings or structures on which the impact of the initiative may be contingent (Pawson & Tilley, 1997) (see Chapter 5 for further discussion).

The third benefit of student risk assessment is that it provides a holistic, diagnostic picture of each student's needs. This can be used in customizing or personalizing services and fine-tuning their delivery. The value of using risk categories to drive service delivery and as a diagnostic tool is demonstrated by the following set of circumstances:

> A student is frequently absent, citing health problems as the reason. He is sent to the school nurse and she learns that he has had frequent colds and other respiratory infections. The health symptoms are treated, but he continues to have health problems that cause him to be absent. The nurse becomes more concerned because she suspects

that there may be other factors contributing to the student's health issues. She notes that the student does not appear to have warm clothing or a heavy winter coat. The nurse sets up a visit for the student with the school-based case manager who completes a more thorough assessment of needs with the student. As the case manager is assessing the various risk factors, he or she learns that the student is homeless and that he and his family are often forced to sleep in their car. Both parents dropped out of school before graduating and work part-time at minimum wage. They have no benefits such as insurance, sick leave, or vacation time. They cannot leave work to take their child to a doctor or clinic where they may have to wait several hours to be served.

The risk associated with being homeless is far greater than that of poor attendance and/or colds and alerts the case manager that a different type and intensity of services will be required.

Risk assessment provides an opportunity to look for relationships among many different variables and to gauge the type and level of intervention that may be necessary. Investigating many different factors also makes it more likely that the cause of the barriers to achievement can be discovered and addressed rather than focusing on an array of symptoms. In this case, a cold would be a symptom of the student's more serious issue of homelessness.[1]

The following case study submitted by a local coordinator in the Iowa SBYSP provides an example of how the risk assessment tool can help in organizing the various risk factors that are affecting the lives of students. It illustrates how the use of the tool is really a *process* that evolves as your knowledge of the student's risk factors increases.

EXAMPLE: A Case Study Illustrating the Use of Risk Assessment to Diagnose Student Needs and Fine-Tune Service Delivery

The risk assessment tool was initially used to determine if this particular student (we'll call him Bill, a high school freshman) needed to be in a tutoring program. Four factors became apparent as we filled out the form:

- Experienced repeated school failure (Bill had failed several classes in middle school)
- Poor attendance (his attendance had been sporadic for some time)
- No extracurricular school activities (he had not participated in any such activity)
- Economically disadvantaged (he was from a low-income family)

Four noncritical factors made him a high-risk student and one for whom the tutoring program was appropriate. After being in the program for several weeks, it became apparent why he had been struggling in school. Bill opened up to me one day and told me about the physical abuse that he and his mother had been suffering at the hands of his father. Going back to the assessment tool helped us get a clearer picture of how at risk this young man was. We now had to add the following to his list of risk factors:

- Recent crisis or life transition (his father moved back into the home after having been gone for a couple of years)
- Extreme mobility (the family had moved several times to get away from the father)
- Victim of physical abuse (the boy was a victim of physical child abuse by his father)
- Experienced mental health problems (we referred him to mental health counseling)

After the Department of Human Services became involved, things began to change. Some of the other risk factors faded as Dad moved away. However, new ones cropped up. Bill became the father in the family, taking care of a very mentally ill and depressed mother and two little sisters. We would have to add family dysfunction to the list of factors as he took on the parental role, as well as substance abuse by a family member because Mom was using (drugs). A new crisis appeared as Mom was placed into the Mental Health Institute. Bill's sisters were removed and for a while Bill was basically homeless, with a neighbor taking care of him informally. This situation was eventually resolved.

As time has gone on, new factors have arisen. Bill has become sexually active, he has had relationship problems over a girl, and he committed a delinquent act (driving without a license). Although some factors may be corrected or fade over time, their effects never seem to entirely disappear. For example, Dad may leave, but the effects of the abuse continue to influence how Bill reacts to his environment. Attendance may no longer be a problem, but the effects of past poor attendance could influence his learning ability and future work attendance. Therefore, it is vital to never erase risk factors but to look instead at its cumulative effect.

> *Although some factors may be corrected or fade over time, their effects never seem to entirely disappear. . . . Therefore, it is vital to never erase risk factors but to look instead at their cumulative effect.*

Strengths Indicated by Risk Factors Not Present

Of particular interest are the factors that Bill has not experienced, which can be seen as strengths:

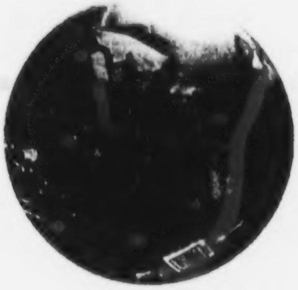
- He has stayed in school (no small accomplishment) and so has not become a dropout.
- His grades blossomed once he was no longer the caretaker of the family.
- He is healthy and does not appear to be using drugs or alcohol.
- He has personal goals and the motivation to improve.
- He has not been involved with the juvenile court system (the delinquent act only caused him to get a ticket).
- He has the ability and desire to work.
- He has solid career plans.

With the support he now has, coupled with these strengths, we have a lot of hope for this young man.

We feel that the development of the student risk assessment instrument was a major step forward for the Iowa SBYSP. It evolved from dialogue and discussion with program leaders, agency collaborators, and other stakeholders. We recommend it to you for use in your collaborative services program.

NOTES

1. Recall that "homeless" is also one of the demographic characteristics that is tracked in EASY/2EASY (see Table 3.1 for a summary of these characteristics, including the definition of *homeless child or youth of school age*).
2. The family was dysfunctional before, but is even more so now.



Process Evaluation

Assessing Program Implementation and Customer Satisfaction

We believe that communities must consider a variety of outcomes and process measures to obtain a true picture of the program's impact. Researchers and evaluators from across the country agree on this issue (Horsch, 1998).

Our goals, outcomes and process measures, and assessment instruments and methods have been charted for your reference in Table 4.1. This table, which is an extension of Table 1.1 in Chapter 1, represents a map of our complete assessment system. The map is presented here to allow you to envision the complete system before exploring the individual pieces. It is also structured as a planning tool for potential users. Goal attainment is measured using process and results information, as indicated in Table 1.1. (The "working version" of this table had a fourth column, titled Alternative Instruments/Methods, which allowed the users to enter other assessment instruments that might be proposed.)

Increasing need and decreasing resources have forced communities to find strategies for improving collaboration and reducing duplication while improving service accessibility for children, youth, and their families. The strategies and processes developed to accomplish these tasks are important pieces of the process evaluation for school-based collaborative services programs. These strategies for program improvement are of two types: (a) monitoring and assessing program implementation and (b) customer feedback on their satisfaction with services and service delivery.

Monitoring of Services Via the EASY/2EASY Database System

One of the driving forces in the promotion of school-based collaborative services programs has been to improve service accessibility. Barriers to

(text continues on page 49)

TABLE 4.1 Goals and Associated Instruments/Methods Used in Assessing Goal Attainment

Goals	*Outcomes and Process Measures for Assessing Goal Attainment*	*Instruments/Methods*
1. To develop cooperative planning and collocation of staff from multiple-service agencies in one center in or near schools to make services accessible for all school-age youth in or out of school ("one-stop shopping")	Coordination of schools and agencies in delivery of services (staff development for multiple-agency participation, agency employees housed in school to provide services, agency staff asked to train other agency staff, etc.)	Agency coordination indices Third-party reviews
	Number of students served	EASY/2EASY database
	Type and magnitude of services provided	EASY/2EASY database
2. To involve families and parents in the delivery of services to youth	Family/parent involvement in child's education (parent/family counseling, attendance at school affairs, volunteer assistance at school, etc.)	Family/parent involvement checklist Case studies and focus groups
	Communication between School-Based Youth Services Program (SBYSP) and parents (letters, surveys, phone contacts, etc.)	Family/parent involvement checklist Case studies and focus groups
	Parents' use of services provided by the SBYSP	Student outcomes survey (parents) Case studies and focus groups
3. To facilitate joint planning to make the most economical and innovative use of community resources to support youth services	State cost estimates per (a) individual and (b) contact	Budget form EASY/2EASY database
	Contributions (in-kind and monetary, public and private)	Budget form
	Use of economic resources to improve employment and productivity of students (business provides job training to students, scholarship fund for postsecondary training, long-term mentoring through business partnerships, etc.)	Economic resources indices Third-party reviews

TABLE 4.1 Continued

Goals	*Outcomes and Process Measures for Assessing Goal Attainment*	*Instruments/Methods*
4. To establish an evaluation initiative to determine the effectiveness of the program	Process measures (coordination of schools and agencies, family/parent involvement, etc.)	Process review forms Third-party reviews
	Results or outcomes (retention, reenrollment, grade point average, attendance, student and parent perceptions of student progress, etc.)	EASY/2EASY database (school records) Student outcomes survey (students, parents) Case studies and focus groups
	Customer satisfaction (students and parents)	Student outcomes survey (students, parents) Focus groups Graduate follow-up phone interview
	Use of available technology (computers, statistics, etc.)	EASY/2EASY database (FileMaker Pro database software) Student outcomes surveys (students, parents) Risk assessment instrument SurveyMaker (HyperCard stack for Macs) and On Screen (program for purchase) for computer administration of surveys Statistics packages and spreadsheets (NCSS, ABstat, SPSS, StatXact, LogXact, Quattro Pro—all for Windows)
	Conducting research	FINE Foundation (Grants 026 and 026A)
5. To increase the ability of existing agencies within communities to address the multiple problems of our youth	Ability of agencies to deliver services (fewer cancellations and increased follow-through with students and families, parent consent approvals that apply to all agencies, schools cooperate to allow service delivery, etc.)	Ability to deliver services checklist Program log Case studies Third-party reviews
	Identification of areas of improvement and strategies for that improvement; also, identification of problems and unsuccessful strategies (so they may be avoided in future)	Program log Third-party reviews

(continued)

TABLE 4.1 Continued

Goals	*Outcomes and Process Measures for Assessing Goal Attainment*	*Instruments/Methods*
6. To enable school-age youth to complete their high school education[a]	School attendance	EASY/2EASY database Case studies and focus groups
	School performance (grade point average)	EASY/2EASY database Case studies and focus groups
	High school retention rates (100% minus the dropout rate)	School records EASY/2EASY database
	High school reenrollment	School records EASY/2EASY database
	Desire to stay in school and graduate; liking school; desire to achieve in school; showing up on time for classes (student, parent perceptions)	Student outcomes surveys (students, parents) Case studies and focus groups
7. To enable school-age youth to obtain skills that lead to employment and additional education and training[a]	Employment: selection of a career interest, establishment of career goal, ability to achieve career goal (if established), working with others, getting a job, getting a desired job, getting into the military, showing up on time for work	Student outcomes surveys (students, parents) Case studies and focus groups Graduate follow-up phone interview
	Additional education: attending college or technical school; setting goals for the future	Student outcomes surveys (students, parents) Case studies and focus groups Graduate follow-up phone interview
8. To enable school-age youth to obtain skills that lead to a healthy, drug-free life[a]	Health: overall physical health; (non)use of drugs, alcohol, and tobacco; knowledge of health; not having unprotected sex; and not getting in trouble with the law	Student outcomes surveys (students, parents) Case studies and focus groups Graduate follow-up phone interview

NOTE: a. Also defined in the 1989 legislation as the *purpose(s)* of the SBYSP.

accessibility for children and youth can include location, cost, confidentiality, service guidelines, documenting eligibility, and negative stereotypes. To measure the effectiveness of a school-based collaborative services program, one must track the type and magnitude of services provided to determine if these barriers are being overcome to create improved accessibility. In addition, tracking service type and magnitude provides valuable information about the needs of a school or community.

Using the EASY/2EASY database, service type and magnitude can be summarized for an entire district, a particular school, or individual participants. Comparisons between services provided by individual staff can also be made because each service can be linked to a staff member.

The EASY/2EASY database provides a flexible system for documenting the types and numbers of services that are used by individual participants. Services are divided into 11 major categories:

- Employment
- Health
- Mental health
- Case management
- Substance abuse
- Service learning
- Education
- Family Survival
- Recreation
- Child Care
- Legal

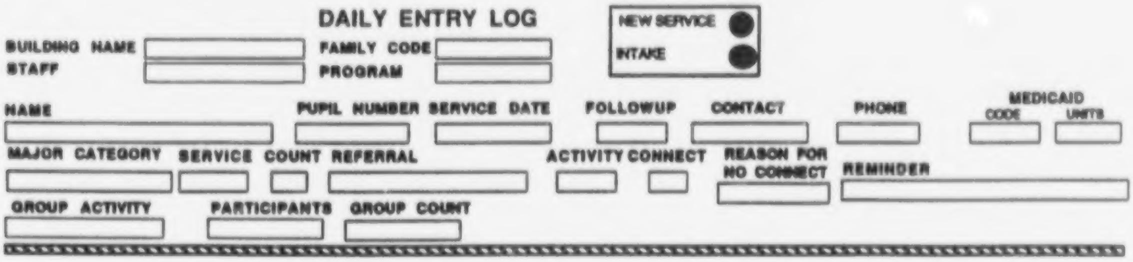
Each of these major categories contains multiple individual services that participants can receive. For example, the following services can be identified for the major category of employment:

- Job development
- Job search skills
- Job supervisor contact
- Job supervisor visit
- Related career instruction
- Transition assistance
- Vocational assessment
- Vocational training
- Work experience
- Work exploration
- Work placement

A major service category and specific service are entered in the EASY/2EASY database each time a participant receives a service. Those entering data select from a menu to enter the major service category, and two letter codes are entered for each specific service. The flexibility of the EASY/2EASY database makes it possible to customize and add services without any reprogramming of the database. In some cases, programs have made it possible for staff to directly enter service data into EASY/2EASY and have reduced paper costs.

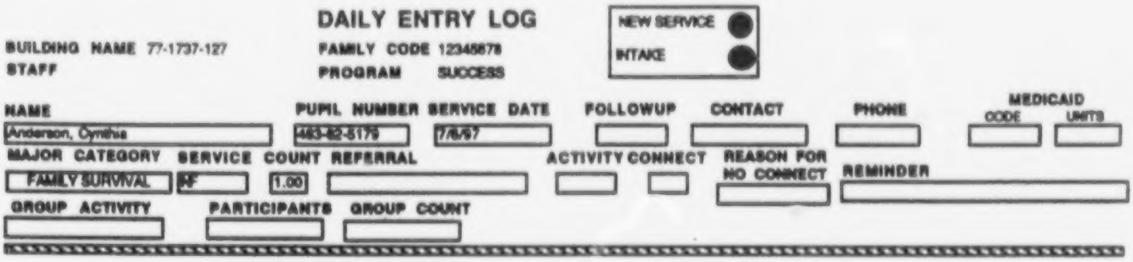
FIGURE 4.1. Daily Entry Log Layout in 2EASY, the Database System (blank record, individual service activity, individual service referral, and group activity)

Blank Record:



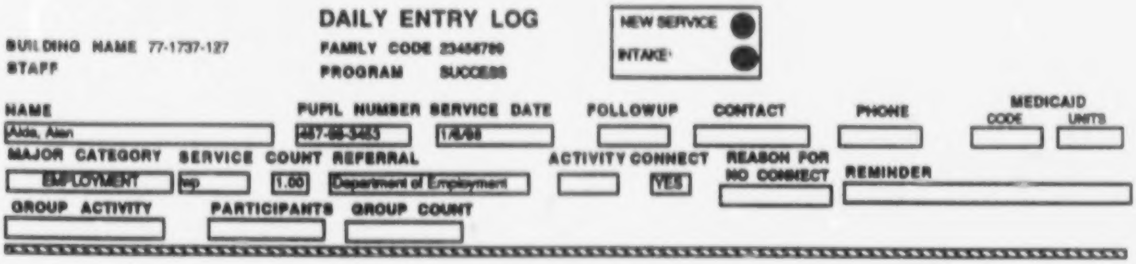
DAILY ENTRY LOG
BUILDING NAME
STAFF
FAMILY CODE
PROGRAM
NEW SERVICE ●
INTAKE ●
NAME
PUPIL NUMBER
SERVICE DATE
FOLLOWUP
CONTACT
PHONE
MEDICAID CODE
MEDICAID UNITS
MAJOR CATEGORY
SERVICE
COUNT
REFERRAL
ACTIVITY
CONNECT
REASON FOR NO CONNECT
REMINDER
GROUP ACTIVITY
PARTICIPANTS
GROUP COUNT

Individual Service Activity:



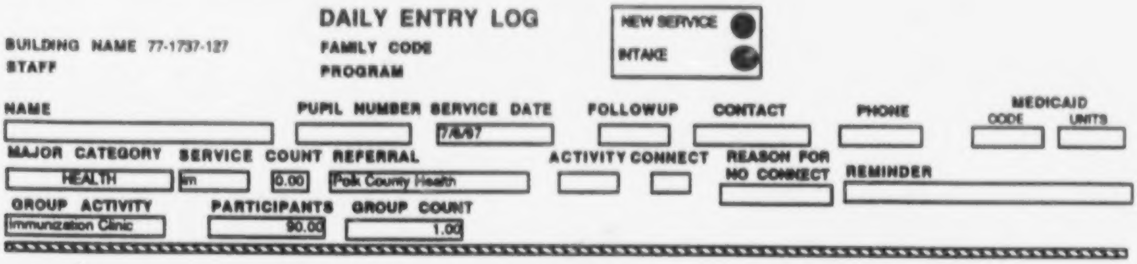
DAILY ENTRY LOG
BUILDING NAME 77-1737-127
STAFF
FAMILY CODE 12345678
PROGRAM SUCCESS
NEW SERVICE ●
INTAKE ●
NAME: Anderson, Cynthia
PUPIL NUMBER: 463-82-5179
SERVICE DATE: 7/8/97
FOLLOWUP
CONTACT
PHONE
MEDICAID CODE
MEDICAID UNITS
MAJOR CATEGORY: FAMILY SURVIVAL
SERVICE: lF
COUNT: 1.00
REFERRAL
ACTIVITY
CONNECT
REASON FOR NO CONNECT
REMINDER
GROUP ACTIVITY
PARTICIPANTS
GROUP COUNT

Individual Service Referral:



DAILY ENTRY LOG
BUILDING NAME 77-1737-127
STAFF
FAMILY CODE 23456789
PROGRAM SUCCESS
NEW SERVICE ●
INTAKE ●
NAME: Alda, Alan
PUPIL NUMBER: 467-88-3453
SERVICE DATE: 1/8/98
FOLLOWUP
CONTACT
PHONE
MEDICAID CODE
MEDICAID UNITS
MAJOR CATEGORY: EMPLOYMENT
SERVICE: ep
COUNT: 1.00
REFERRAL: Department of Employment
ACTIVITY
CONNECT: YES
REASON FOR NO CONNECT
REMINDER
GROUP ACTIVITY
PARTICIPANTS
GROUP COUNT

Group Activity:



DAILY ENTRY LOG
BUILDING NAME 77-1737-127
STAFF
FAMILY CODE
PROGRAM
NEW SERVICE ●
INTAKE ●
NAME
PUPIL NUMBER
SERVICE DATE: 7/8/97
FOLLOWUP
CONTACT
PHONE
MEDICAID CODE
MEDICAID UNITS
MAJOR CATEGORY: HEALTH
SERVICE: im
COUNT: 0.00
REFERRAL: Polk County Health
ACTIVITY
CONNECT
REASON FOR NO CONNECT
REMINDER
GROUP ACTIVITY: Immunization Clinic
PARTICIPANTS: 90.00
GROUP COUNT: 1.00

Using the EASY/2EASY database, it is also possible to track group activities, referrals to community resources, and reasons that services are denied. (See Figure 4.1 for a sample "Daily Entry Log Layout.")

Program Development Logs

We believe that state-level and local-level managers will not learn much from collaborative initiatives unless time is taken to think and reflect on what is being done, why it is being done, and what is being done to resolve challenges. This belief is well grounded by research of management in this country (Schön, 1983). Taking the time to think and reflect will lead to successful management of programs and services. Moreover, we believe it is the key to the longevity and the quality of programs and services.

A system of management is needed to provide time for reflection. Our first-line system of assessment, called the Program Development Log, was designed accordingly.

The development log provides a mechanism that local planners can use to identify the steps and time frames that resulted in developing the collaborative programs and services. The log is designed to identify steps taken during each year of implementation, problems encountered and the resolution of those problems, identification of strategies for improvement at the administrative and service levels, successful and unsuccessful strategies and why they worked or did not work, and suggestions to state agencies that will improve implementation, including the suggestions and expected improvements. Local coordinators complete the log as they progress with local planning for no less than 4 years.

The information we gain through completing program development logs is shared through dialogues and publications to assist in causing learning to occur for everyone in communities. Successful as well as unsuccessful experiences have contributed to our knowledge base. This knowledge has led to continuation of programs and services after grant funds have been withdrawn from communities. Communities have established ownership. We think this is partly attributable to development logging.

The format for our development logging is represented in Figure 4.2. Individuals who have used the format commonly expand it to accommodate their input. We recommend that many individuals use the logging system and then meet to share their ideas within and between communities (see Resource I for a summary of development logging in Iowa).

Family/Parent Involvement

The parent and family are recognized as the most powerful influences on the development of our children starting at birth. Our knowledge of this is

FIGURE 4.2. The Program Development Log Layout

SCHOOL-BASED YOUTH SERVICES PROGRAM
PROGRAM DEVELOPMENT LOG

COMMUNITY ______________________ **SCHOOL DISTRICT NO.:** ______________

Each district should seek to include information they think would be of use to other schools that will be developing a School-Based Youth Services Program.

Utilize the suggested formatting for developing logs. It is expected that comments will exceed the space given on this sheet so comments can be generated on other paper, but the format is expected to be followed.

Identify STEPS and time frames that resulted in developing a School-Based Youth Services Program

STEPS	TIME FRAMES

Identify PROBLEMS that the project has experienced in planning and implementation and their resolutions, if resolved.

PROBLEMS	RESOLUTIONS

Identify AREAS FOR IMPROVEMENT (Consider program implementation, administration, and interagency cooperation.)

AREAS FOR IMPROVEMENT

Identify STRATEGIES (successful and unsuccessful) that have been undertaken and why they worked or did not work. These may be considered experiments that were planned and tried.

STRATEGIES	REASONS FOR SUCCESS/FAILURE

Identify SUGGESTIONS to state agencies that would improve implementation. (Consider Public Health; Job and Employment Services; Mental Health and other Human Services, including Welfare and ADC; Economic Development, including JTPA; Family and Children Services; Human Rights; and Education.)

SUGGESTIONS	EXPECTED IMPROVEMENT

---

resulting in the development of systems and programs to involve families to improve school, career, and community performance (Dryfoos, 1994). Family Resource Centers, School-Based Youth Services Programs, Full-Service Schools, Parents as Teachers, and After-School Centers are a few examples of programs being designed nationwide. Evidence is mounting to indicate that parents and families will respond to offers of needed services, and their involvement improves the interactions of members of the family, perceptions toward schooling, school attendance and performance of the children, acceptance of diversity, children setting goals for the future, children making their own decisions, children attending technical college and getting a high-interest job, and so on (Dryfoos, 1994; Veale & Morley, 1998).

The instruments we have to offer include a parent survey and a family/parent involvement checklist. We gain additional information on families through case studies provided through our program profile reporting and occasional focus groups. Parent surveys have been developed for elementary, middle, and high school students, whereas the family/parent involvement instrument can be used at all levels. The instruments are meant to be suggestive, giving ideas to localities regarding how parents might be involved and their satisfaction with services or the way services are delivered. (For more on parent surveys, see Chapter 5; for a discussion of case studies and focus groups, see Chapter 6.)

Our family/parent involvement checklist instrument is given in Figure 4.3. Individuals who respond to the instrument identify whether the activities are occurring and how often. Open comments are also encouraged. The activities include components of many different types of parent involvement programs published nationally and found via the Internet. *The Internet Kids and Family Yellow Pages* by Jean Polly (1997) is one particularly helpful resource in this area. The publication is a resource for ideas for families and children to access information and how families and children can be involved in school-based consortiums.

We recommend that teams at the local level complete the instrument and come to consensus on responses. A team initiative will capture a more comprehensive and true picture of local activity because a variety of opinions can be represented and considered. In Iowa, most indicated they were using the various communication modes "as needed," whereas more than 75% indicated they were providing opportunities for family/parent involvement such as evaluation of program, planning and decision making, assistance for students at home, volunteer assistance at school, attendance at school affairs, family/parent counseling, and individual program planning (Veale & Morley, 1997).

Our assessment instruments help to measure the impact and benefits of parent involvement as well as the processes and practices of how parents are involved. Nevertheless, we are concerned that we may not be sufficiently "family focused" in our assessments. We feel that more needs to be done to create practical instruments, and we will continue to seek improvement in this area.

FIGURE 4.3. The Family/Parent Involvement Checklist Instrument

FAMILY AND PARENT INVOLVEMENT SHEET

Complete one form only (Coordinator/SBYSP Team).

Please mark the appropriate response NO or Yes. If "Yes" continue marking to indicate the frequency. Additional items should be listed under "Other" or on a separate sheet or the back of the form. Also indicate the frequency of added items. Use comments for clarification.

SBYSP Family/Parent Involvement

Community: ________________________ Agency: ________________________

Family/Parent Involvement	No	Yes	Frequency					
			Weekly	Monthly	Quarterly	Annually	As Needed	Comments
1. Communication System Includes:								
a. Letters								
b. Surveys								
c. Phone contacts								
d. Home visits								
e. Newsletters								
f. In-school conferences								
g. Parent workshop meetings								
h. Reports of student progress								
i. Other—Please list:								
2. Opportunities for Family/Parent involvement Includes:								
a. Individual program planning for children								
b. Parent/Family counseling								
c. Attendance at school affairs								
d. Volunteer assistance at school								
e. Assistance for students at home								
f. Planning, decision making, and committee participation								
g. Evaluation of program								
h. Classes for parents (parenting, study assistance, etc.)								
i. Youth opportunity fair and other activities to meet and understand support services								
j. Other—Please list:								

Additional opportunity for input into parent involvement is provided via the **"Program Development Log"** by utilizing the **"Problems," "Areas for improvement,"** or **"Strategies"**.

Customer Satisfaction

Deming (1993) pointed out that customers are actually *part of* the system that is providing them with products or services. An example is education, in which the teacher (service provider) and the student and parent (the primary customers) have *joint responsibility* in the learning process. In this view, feedback from "customers" of the school-based collaborative services program—the students and parents served—is considered essential to program development and improvement.

A service or product possesses *quality* "if it helps somebody and enjoys a good and sustainable market" (Deming, 1993, p. 2). In service organizations, assessing quality using the first part of this definition requires customer input to make sure the services are really helping them. In other words, quality in human service organizations is in the eye of the customer (Martin, 1993). Such consumer input can lead to improvements in program design and implementation. To achieve marketability and sustainability (the second part of the above definition), the people comprising the organization or program must (a) function as a *system*, with cooperation among all members to achieve the aim or purpose, and (b) work toward becoming a *learning organization*, where lifelong learning is encouraged through training, teaming, and trust, which implies the sharing of information and knowledge among all participants (Deming, 1993; Senge, 1990).

Zeithaml, Parasuraman, and Berry (1990) developed the following hierarchy for customer-defined quality, based on focus groups with nearly 2,000 customers of service organizations:

1. Reliability (consistency of service)
2. Responsiveness (timeliness of service)
3. Assurance (confidence in service provider)
4. Empathy (feeling of caring)
5. Tangibles (appearance of service provider, facility, etc.)

The above hierarchy often provides a useful starting place for the development of customer satisfaction survey questions (Martin, 1993). On the basis of input from School-Based Youth Services Program (SBYSP) staff, the dimensions of assurance and empathy may be considered the most important for this type of service.

A variety of formats were used to assess customer satisfaction with the process of delivery of services in the SBYSP. Eleven customer satisfaction questions were included in Section 4 of the middle and high school student surveys. The first 10 questions were written in a multiple-choice format, providing the student with four possible responses—"Yes," "Sometimes," "No," and "Does not apply to me" (e.g., see Figure 4.4).

The parents were asked a single structured question in the customer satisfaction section—how they would rate their overall experience with the SBYSP (from very positive to very negative). Their answering this question was conditional on their response to a preceding question indicating that they had, in fact, used the SBYSP services at least once during the year.

FIGURE 4.4. Multiple-Choice Customer Satisfaction Question in Middle and High School Student Surveys

ITEM: Did the staff person try to understand your feelings?

a. Yes
b. Sometimes
c. No
d. Does not apply to me

The last type of question in the customer satisfaction section of the middle school and high school instruments (and the only one in this section of the elementary student survey) was an open-ended question (see Figure 4.5).

A similar question was included in the parent surveys. This question allowed the students and parents to communicate anything that they felt the SBYSP was doing wrong or should be doing and that was not covered in the multiple-choice questions. This question provided the opportunity for specific input from customers on their unmet needs. The variety of formats used to assess customer satisfaction allowed for maximum input using a written response technique. (The student and parent surveys are given in Resources A-F.)

Focus groups provide another opportunity to assess customer satisfaction. These groups consist of a small number of participants who discuss a topic under the direction of a moderator. For example, the moderator might ask a group of high school students who have participated in a collaborative services program, "Has the program helped you to do better in school?" or "How have you been treated in this program?" Focus groups produce *direct feedback* from customers, which can be greater than the cumulative data consisting of responses from these individuals secured privately—either from a survey or personal interview (for more details on conducting focus groups, see Chapter 6).

If we are to be concerned with improving the quality of our programs, customer satisfaction must be assessed on a regular basis. *There is no end to this process.* Constant vigilance is the key to continuous process improvement.[1]

FIGURE 4.5. Open-Ended Customer Satisfaction Question in Student Surveys

ITEM: What could the SBYSP do to help you more? ____________

____

____

FIGURE 4.6. Customer Satisfaction Question on Caring About Student's Interests

QUESTION: Did the staff person care about your interests?

a. Yes
b. Sometimes
c. No
d. Does not apply to me

Using Background Information in Process Evaluation: The Issue of Equity

It is important to ensure that services are being provided to students equally across demographic groups. If customer satisfaction is high for some groups and low for others, improvement is needed to achieve equity or fairness. The responses to customer satisfaction questions may be cross tabulated by background data on gender, ethnicity or race, and risk, inter alia. For example, if the cross tabulations yield more or less equal frequency distributions for the two genders, it may be inferred that services are being delivered in a manner that is perceived and reported to be equally appropriate by male and female consumers. Statistical procedures such as the Pearson chi-square can be applied to test the significance of these differences.

Example: Consider the assessment of customer satisfaction via the following question from the surveys for middle and high school students (see Figure 4.6).

Response data on the above question for middle school students who had at least five service contacts with the SBYSP in 1997-1998, cross tabulated by gender, are presented in Table 4.2 (see Resources A-F for the student and parent survey instruments).

The differences may be shown to be statistically significant ($p < .05$). The Pearson chi-square is 9.832 with a corresponding p value of .020 (< .05). Clearly, more females indicated a strongly positive response to this question—76% yes compared with 56% yes for males. The data indicate that a greater effort needs to be made to communicate with male middle school students on the issue of caring about their interests. This is described graphically in a "100% stacked bar" chart presented in Figure 4.7 (for a good reference on the use of graphics for reporting statistical data, see Wallgren, Wallgren, Persson, Jorner, & Haaland, 1996).

Example: Consider the assessment of customer satisfaction via the following question from the surveys for middle and high school students (see Figure 4.8).

TABLE 4.2 Response Data for Question on Caring About Students' Interests, Cross Tabulated by Gender

	Response Choices				
Gender	*Yes*	*Sometimes*	*No*	*Does Not Apply to Me*	*Gender Total*[a]
Female, *n* (%)	57 (76)	6 (8)	1 (1)	11 (15)	78
Male, *n* (%)	30 (56)	11 (20)	5 (9)	8 (15)	55

NOTE: a. These totals include some who omitted the question, so the counts in the columns corresponding to the response choices do not sum to these values. The percentages, on the other hand, are based on only those who responded, so they do sum to 100%.

Response data for high school students who had at least five contacts with SBYSP in 1997-1998, cross tabulated by race (Caucasian, non-Caucasian), are presented in Table 4.3. ("Non-Caucasians" consisted of African Americans, Asian Americans, Hispanics, Native Americans, and others. Their responses were combined because the frequency counts in

FIGURE 4.7. Response to Question on Caring About the Students' Interests, by Gender

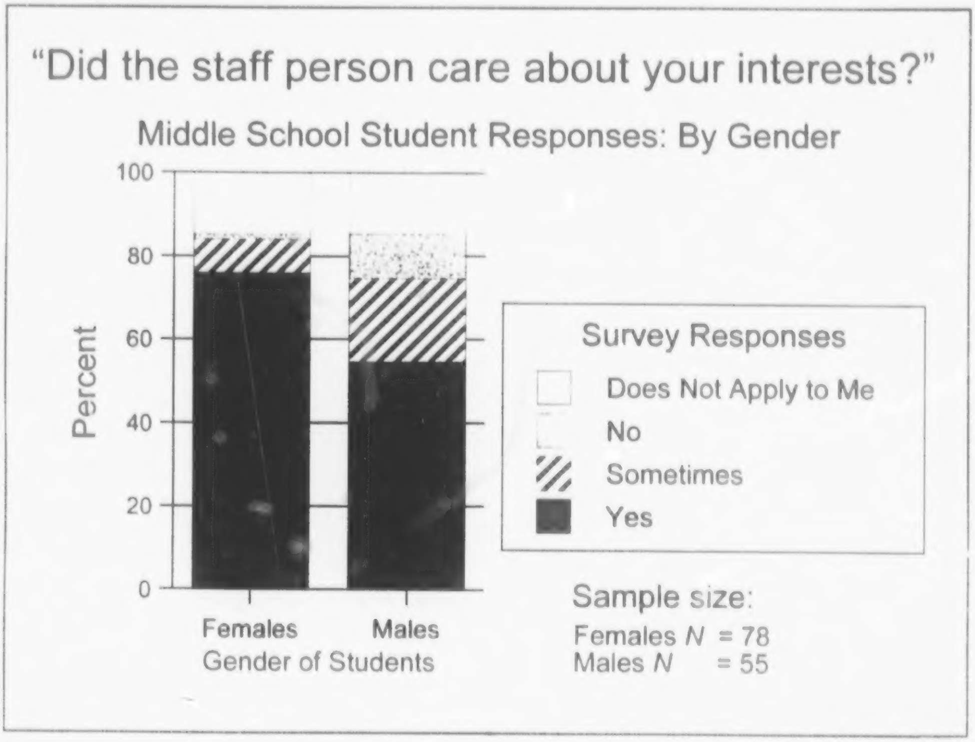


FIGURE 4.8. Customer Satisfaction Question on Helping to Solve Student's Problems

QUESTION: Did the staff person help you to solve your problem?

a. Yes
b. Sometimes
c. No
d. Does not apply to me

each group were considered insufficient for statistical analysis and interpretation.)

Although there appear to be some differences in the responses across racial groups (with a higher percentage of positive responses from non-Caucasians), these differences are not statistically significant ($p > .05$). The Pearson chi-square may be shown to be 3.828, with a corresponding p value of .287 (> .05). It may be inferred that services are being delivered in a manner that is perceived and reported to be (more or less) equally appropriate by Caucasian and non-Caucasian consumers.

Note: Regarding software for process data management and statistical analysis, we like to use ABstat (Anderson-Bell Corp.) for most survey data entry, data management, and basic statistical reports. For more sophisticated and detailed analyses, we export the data to SPSS (SPSS, Inc.) or Number Cruncher (NCSS, Dr. Jerry Hintze, author). We also use StatXact and occasionally LogXact (both by CYTEL Software Corporation) for situations involving low cell counts or unbalanced categorical or ordinal scale data, such as in the examples in this section. Spreadsheets such as Excel (Microsoft, Inc.), Lotus 1-2-3 (Lotus Development Corporation), and Quattro Pro (Corel Corporation Limited) are useful for data entry and analysis of process data such as family/parent involvement.

TABLE 4.3 Response Data for Question on Helping to Solve Students' Problems, Cross Tabulated by Race (Caucasian, non-Caucasian)

	Response Choices				
Race	*Yes*	*Sometimes*	*No*	*Does Not Apply to Me*	*Race Total*[a]
Caucasian, *n* (%)	57 (58)	25 (25)	5 (5)	12 (12)	101
Non-Caucasian, *n* (%)	12 (80)	1 (7)	0 (0)	2 (13)	17

NOTE: a. These totals include some who omitted the question, so the counts in the columns corresponding to the response choices do not sum to these values. The percentages, on the other hand, are based on only those who responded, so they do sum to 100%.

Coordination of Services

Coordination between agencies can mean many things. We defined coordination through nine specific activities. The activities were generated by staff involved in our school-based programs and represent what is characteristically happening on a consistent basis when all programs are considered. That means that some programs are not involved in all activities. Some are considering the activities for future implementation, some are starting up the activity for the first time, some are continuing the activities, and some are not planning to implement certain activities.

We believe significant coordination can be happening in communities without producing a collaborative relationship. At the same time, coordination activities can be the direct result of establishing common goals and sharing resources to accomplish them—two characteristics of advanced collaboratives.

Our measurement instrument, titled Coordination of Schools and Agencies, is presented in Figure 4.9, and the directions for completing this instrument are presented in Figure 4.10. The instrument measures coordination through responses from individuals in schools and agencies. We recommend that all involved individuals complete the instrument at least once per year and meet as a team to come to consensus to best represent the position of each agency. Because the instrument includes a variety of activities, it is a tool to help direct agencies as well as assess coordination.

We provide a rating scale in Coordination of Schools and Agencies to allow agencies to assess the quality of their efforts to coordinate. In addition, open comments are encouraged to clarify responses and add new ideas. Both provisions are in the instrument to encourage learning as a result of merely completing the instrument. We feel that may be the most important benefit of the instrument.

In the Iowa SBYSP in 1996-1997, the most positively rated activities of coordination by agencies in the program sites, using our assessment instrument, were the following:

- School publishes guidelines of agency services, procedures, and so on.
- Formal written plans have been developed that identify how accommodations will be made for agency participation.
- Staff development is conducted for multiple-agency participation.
- Agency staff serve as resource sponsors in school classes.
- Agency employees are housed in school to provide services.
- Agency staff are given responsibility to coordinate services with the school, which is written into job descriptions.
- Agency staff is involved with the school in regularly scheduled staffings/teaming.

FIGURE 4.9. The Coordination of School and Agencies Instrument

COORDINATION OF SCHOOLS AND AGENCIES

Community: ______________________ Agency: ______________

Please circle the appropriate resonses for Activities 1-9. Under "Other" add activities indicating coordination. Also circle the appropriate response for new activities that are added. Each activity shyould be addressed.

Responses: (F) Future Activity, **(NP)** Not Planned; **(DK)** Do Not Know; **(N)** New Activity; **(C)** Continued Activity;
Rating of Activity: (1) Needs Considerable Improvement, **(2)** Needs Some Improvement, **(3)** Satisfactory,
(4) Very Good, **(5)** Excellent.

Activity	**Responses**						**Comments**
	Future Activity	Not Planned	Do Not Know	New Activity This Year	Continued Activity	Rating of Activity	
1. School publishes guidelines of agency services, procedures, etc.	F	NP	DK	N	C	1 2 3 4 5	
2. Formal written plans have been developed that identify how accommodations will be made for agency participation	F	NP	DK	N	C	1 2 3 4 5	
3. Staff development is conducted for multiple agency participation	F	NP	DK	N	C	1 2 3 4 5	
4. Agency is asked to train other agency staff (for example employment services trains educators)	F	NP	DK	N	C	1 2 3 4 5	
5. Agency staff serve as resource sponsors in school classes	F	NP	DK	N	C	1 2 3 4 5	
6. Agency employees are housed in school to provide services	F	NP	DK	N	C	1 2 3 4 5	
7. Information about agency services is infused into curriculum of school	F	NP	DK	N	C	1 2 3 4 5	
8. Agency staff are given responsibility to coordinate services with school, which is written into job descriptions	F	NP	DK	N	C	1 2 3 4 5	
9. Agency staff is involved with school in regularly scheduled staffing	F	NP	DK	N	C	1 2 3 4 5	
10. Other — Please list:							
a.	F	NP	DK	N	C	1 2 3 4 5	
b.	F	NP	DK	N	C	1 2 3 4 5	
c.	F	NP	DK	N	C	1 2 3 4 5	

FIGURE 4.10. Directions for Completion of the Coordination of School and Agencies Instrument

One form should be completed (individual/team) for **each agency** providing services via the School-Based Youth Services Program. (Your local community may be using a different program name.)

Please circle the appropriate responses for Activities 1 through 9. Under "Other," add activities indicating coordination. Also circle the appropriate response for new activities that are added. Each activity should be addressed.

Explanation: The activities that are listed are considered possible example activities that indicate coordination between schools and agencies. Any items that are added should only include activities that indicate coordination between schools and agencies. Comments can be used to clarify responses.

Responses:

- (F) **Future activity** is any activity that is not ongoing at the present time but may be considered for implementation in future years.
- (NP) **Not planned** is any activity that is not being implemented and is not planned for future implementation.
- (DK) **Do not know** should be circled if you feel that you do not have the information to provide a clear response.
- (N) **New activity** is any activity added over the past year because of SBYSP implementation.
- (C) **Continued activity** is an activity that is being implemented and complements SBYSP implementation.

Rating of Activity:
Rate New and Continuing Activities on a Scale From 1 to 5

1 = **Needs considerable improvement** if you feel that the activity is being practiced but needs considerable improvement to become effective.

2 = **Needs some improvement** if you feel that the activity is being practiced but needs some improvement to become effective.

3 = **Satisfactory** if you feel that the activity is being practiced in a satisfactory manner (i.e., in a way that you feel is minimally effective).

4 = **Very good** if you feel that the activity is being practiced very well (i.e., in a way that you feel is quite effective).

5 = **Excellent** if you feel that the activity is being practiced extremely well (i.e., in a way that you feel is highly effective).

The lowest rated activities were the following:

- Agency is asked to train another agency's staff.
- Information about agency services is infused into the curriculum of the school.

Use of Economic Resources

Economic resources exist in our communities for improving the employment potential and productivity of our youth. Certain resources can have a profound impact for advancing the potential of youth. We have identified eight very specific economic resources that can be found in most communities at varying levels. These resources are identified within an assessment instrument titled Use of Economic Resources to Improve Employment and Productivity of Students, presented in Figure 4.11. The directions for completing it are presented in Figure 4.12. The instrument is used to assess whether coordinators of collaborative programs are using the economic resources or considering the resources for the future.

The primary purpose of assessing whether economic resources are being used is to direct the local coordinators. The items are suggestive and meant to increase local use of all the economic resources possible. We believe that the more the resources are recognized and managed, the better the potential will be to increase the employment potential of youth. Therefore, each activity is rated by respondents to identify whether the use of the economic resource needs considerable improvement, is excellent, or is somewhere in between. Our instrument also encourages open-ended input to capture creative thoughts as respondents consider the economic resources.

Harnessing economic resources necessitates involving the private sector with public services agencies. We believe the eight activities identified in our instrument will assist local program coordinators to identify potential working relationships. The private sector will need direction in how to support collaborative programs. Use the activities identified in our instrument as a springboard for involvement when possible.

Respondents assess all the activities as to whether they have been realized (a new or continued activity). In addition, they rate them through numeric ratings and open comment. Moreover, the formats allow respondents to add other activities. Some or all of the activities can be used to come to conclusions about the use of economic resources to improve employment or productivity of students. In Iowa in 1996-1997, the activities receiving the most positive results were the following:

- Business provides job training for students on a nonpay basis.
- Business provides paid work experience for students.
- Equipment is donated for training in school.

FIGURE 4.11. The Instrument for Assessing the Use of Economic Resources to Improve Employment and Productivity of Students

USE OF ECONOMIC RESOURCES TO IMPROVE EMPLOYMENT AND PRODUCTIVITY OF STUDENTS

Community: ______________________ Agency: ______________________

Please circle the appropriate response for Activity 1-9. Under "Other" add items indicating evidence of activity to use economic resources to improve the employment potential and productivity of youth. Also circle the appropriate response for new activities that are added. Each activity should be addressed.

Responses: **(F)** Future Activity, **(NP)** Not Planned, **(DK)** Do Not Know, **(N)** New Activity, **(C)** Continued Activity
Rating of Activity: **(1)** Needs Considerable Improvement, **(2)** Needs Some Improvement, **(3)** Satisfactory, **(4)** Very Good, **(5)** Excellent.

Activity	**Responses**						**Comments**
	Future Activity	Not Planned	Do Not Know	New Activity This Year	Continued Activity	Rating of Activity	
1. Business funding of financial aid for the training of student/staff	F	NP	DK	N	C	1 2 3 4 5	
2. Business provides job training for students on a nonpay basis	F	NP	DK	N	C	1 2 3 4 5	
3. Business provides paid work experience for students	F	NP	DK	N	C	1 2 3 4 5	
4. Scholarship fund established for assisting at-risk youth to enter and complete post secondary training	F	NP	DK	N	C	1 2 3 4 5	
5. Equipment donated for training in school	F	NP	DK	N	C	1 2 3 4 5	
6. Local organization sponsors job fair	F	NP	DK	N	C	1 2 3 4 5	
7. Long-term mentoring through business partnerships or individual volunteers	F	NP	DK	N	C	1 2 3 4 5	
8. Willingness of businesses to have employees volunteer (short term) to help youth in learning about careers, volunteer in classrooms, provide job shadowing, etc.	F	NP	DK	N	C	1 2 3 4 5	
9. Other—Please list							
a.	F	NP	DK	N	C	1 2 3 4 5	
b.	F	NP	DK	N	C	1 2 3 4 5	
	F	NP	DK	N	C	1 2 3 4 5	

- Local organization sponsors job fair.
- Long-term mentoring is given through business partnerships or individual volunteers.
- Employees volunteer (short term) to help youth in learning about careers, volunteer in classrooms, provide job shadowing, and so on.

The lowest rated activities were the following:

- Funding of financial aid for training of students and staff
- Scholarship fund established for assisting at-risk youth to enter and complete postsecondary training

This last activity (scholarship fund) needs more emphasis, given the importance of postsecondary education in the global economy.

Ability to Deliver Services as a Result of Collaboration

We believe collaboration between agencies should increase the ability of the agencies to deliver services. This represents an expected improvement dependent on the structure and nature of collaboration. Examination of this issue at the state and local levels assists in developing a positive or negative image of collaborative services and directly affects perceptions within and outside of agencies of whether to continue to link services and improve collaborative practices.

We have identified 14 indicators useful in assessing and evaluating improvement in this area, given in Figure 4.13 (p. 69). Some of the indicators deal directly with benefits to staff, but others deal with how services are delivered and the results of processes and practices. (The directions for completing this form are presented in Figure 4.14 (p. 70).)

Respondents assess all the indicators as to whether they have been realized. In addition, they rate the indicators through applied ratings and open comment. Moreover, the formats allow respondents to add other indicators. Some or all of the indicators can be used to come to conclusions about the impact of collaboration on the ability of any individual agency to deliver services. Indicators receiving the most positive ratings in the Iowa SBYSP were the following:

- Schools cooperate to allow services to be delivered.
- Waiting time is minimized for parents and students to access services.
- Serve significant number of youth who are most at-risk (needy but resistant to services).
- Serve significant number of youth who are nonresistant to services.

FIGURE 4.12. Directions for Completion of the Instrument for Assessing the Use of Economic Resources to Improve Employment and Productivity of Students

Complete one form only. This can be completed by the coordinator or collectively by the team. In either case, the team should be aware of the responses.

Please circle the appropriate response boxes for Activities 1 through 8. Under "Other," add activities indicating evidence of activity to use economic resources to improve the employment potential and productivity of youth. Also circle the appropriate response for new activities that are added. Each activity should be addressed.

Explanation: The items that are listed are considered possible example activities. Any items that are added should only include activities that indicate or demonstrate use of local economic resources to improve the potential of youth for employment and productivity in the community. Comments can be used to clarify responses.

Responses:

(F) **Future activity** is any activity that is not ongoing at the present time but may be considered for implementation in future years.

(NP) **Not planned** is any activity that is not being implemented and is not planned for future implementation.

(DK) **Do not know** should be circled if you feel that you do not have the information to provide a clear response.

(N) **New activity** is any activity added over the past year because of SBYSP implementation.

(C) **Continued activity** is an activity that is being implemented and complements SBYSP implementation.

Rating of Activity:
Rate New and Continuing Activities on a Scale From 1 to 5

1 = **Needs considerable improvement** if you feel that the activity is being practiced but needs considerable improvement to become effective.

2 = **Needs some improvement** if you feel that the activity is being practiced but needs some improvement to become effective.

3 = **Satisfactory** if you feel that the activity is being practiced in a satisfactory manner (i.e., in a way that you feel is minimally effective).

4 = **Very good** if you feel that the activity is being practiced in a satisfactory manner (i.e., in a way that you feel is quite effective).

5 = **Excellent** if you feel that the activity is being practiced extremely well (i.e., in a way that you feel is highly effective).

FIGURE 4.13. Instrument for Assessing Ability to Deliver Services

ABILITY OF AGENCIES TO DELIVER SERVICES AS A RESULT OF COLLABORATION

Community: ____________________ Agency: ____________________

Please circle the appropriate response for Outcomes 1-14. Under "Other" add outcomes indicating increased ability to deliver services. Circle the appropriate response for new outcomes that are added. Each outcome should be addressed.

All "Yes" responses should be rated from 1 to 5. Use comments to clarify.
Responses: Indication of Activity: **(N)** No, **(Y)** Yes.
Rating of Activity: **(1)** Needs Considerable Improvement, **(2)** Needs Some Improvement, **(3)** Satisfactory, **(4)** Very Good, **(5)** Excellent; **(DK)** Do Not Know.

Outcome (Evidence of increased ability to deliver services as a result of SBYSP participation)	**Rating of Outcome**				**Comments**
	No	Yes	Rating of Activity	Do Not Know	
1. Fewer cancellations and increased follow through with students and families	N	Y	1 2 3 4 5	DK	
2. Parent consent approvals that apply to all agencies reducing time involved in gaining/sharing information	N	Y	1 2 3 4 5	DK	
3. Schools cooperate to allow services to be deliverd	N	Y	1 2 3 4 5	DK	
4. Waiting time is minimized for parents and students to access services	N	Y	1 2 3 4 5	DK	
5. Staff in my agency have been increased	N	Y	1 2 3 4 5	DK	
6. Significant number of self referrals	N	Y	1 2 3 4 5	DK	
7. Significant number of referrals of youth by peers	N	Y	1 2 3 4 5	DK	
8. Significant completion of services/positive terminations	N	Y	1 2 3 4 5	DK	
9. Serve significant number of youth who are most at-risk (needy but resistant to services)	N	Y	1 2 3 4 5	DK	
10. Serving significant number of youth who are nonresistant to services (needy but willing to accept services)	N	Y	1 2 3 4 5	DK	
11. Have overcome transportation problems in delivering services	N	Y	1 2 3 4 5	DK	
12. Have developed significant knowledge of other agency services and staff	N	Y	1 2 3 4 5	DK	
13. Have realized significant communication between agencies	N	Y	1 2 3 4 5	DK	
14. Duplication of services is minimized via increased coordination	N	Y	1 2 3 4 5	DK	
15. Other – Please list:					
a.	N	Y	1 2 3 4 5	DK	
b.	N	Y	1 2 3 4 5	DK	
c.	N	Y	1 2 3 4 5	DK	

FIGURE 4.14. Directions for the Completion of the Instrument for Assessing Ability to Deliver Services

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One form should be completed (individual/team) for each agency providing services via the School-Based Youth Services Program. (Your local community may be using a different name.)

Please circle the appropriate response for Outcomes 1 through 14. Under "Other," add outcomes that indicate increased ability of your agency to deliver services. Also circle an appropriate response for new services that are added. Each outcome should be addressed. Use comments to clarify.

Explanation: The items that are listed are considered possible outcomes of collaboration. Indicate "No" if not happening and "Yes" if happening and then go to "Rating of Activity."

Rating of Activities: Rate Outcomes on a Scale From 1 to 5

1 = **Needs considerable improvement** if you feel that the outcome is being realized but needs considerable improvement.

2 = **Needs some improvement** if you feel that the outcome is being realized but needs some improvement.

3 = **Satisfactory** if you feel that the activity is being practiced in a satisfactory manner (i.e., in a way that you feel is minimally effective).

4 = **Very good** if you feel that the outcome is being realized very well (i.e., in a way that you feel is quite effective).

5 = **Excellent** if you feel that the outcome is being realized extremely well (i.e., in away that you feel is highly effective).

- Have developed significant knowledge of other agency services and staff.
- Have realized significant communications between agencies.
- Duplication of services is minimized via increased coordination.

We recommend that all the persons from each agency involved in a collaborative program complete the inventory and meet together to come to consensus. This team approach will help establish a true picture of the actual impact of a collaborative program on the process of service delivery in any individual agency. Moreover, the discussion leading to this picture should also provide valuable information regarding program strengths and where improvement is needed.

The results of the 14 indicators we have been using imply improvement of agencies to deliver services. This is true for all agencies involved. All agencies have identified positive impacts resulting from collaborative relationships with other agencies. We believe that the magnitude of the impact is directly related to the structure and nature of collaboration.

We strongly believe that emotional intelligence, including the intrapersonal and interpersonal skills of the professionals involved, highly affects the results we realize in trying to measure the ability of the agency to deliver services. Our assessments in the future will be shaped somewhat by the work of Daniel Goleman and others regarding the recognition and exploration of emotional intelligence within collaborative arrangements (e.g., Goleman, 1995).

Improvement in Services to Families: Feedback From Parents and Agency Representatives

We have indicated that questions were included in our parent surveys (Resources D-F) to gather information to quantify parent satisfaction with service delivery. This allowed us to identify a certain proportion of parents who were (a) satisfied and (b) not satisfied with the School-Based Youth Services Program. In addition, questions on the ability to deliver the services instrument (see Figure 4.13) provided input from agency representatives regarding improvement in services to families. The quantification of information drawn from these questions served as a baseline to focus dialogue and thought within planning sessions on service delivery for families—family-focused, full-service concerns. For example, patterns of information such as the following were drawn from the 1998 year-end report for the SBYSP in Iowa:

- Just under 97% of parents of high school students and 100% of parents of middle school students rated their experience with the SBYSP as "positive" or "very positive."
- Just under 60% of agency representatives in the program sites indicated that parent consent approvals apply to all agencies, thereby reducing time involved in gaining or sharing information. This is evidence of improvement in the process of delivering services to families through collaboration between schools and agencies.
- More than 70% of agency representatives in the program sites indicated that the waiting time was minimized for parents and students, improving their access to services.

Although parent satisfaction with this program is high, commonality of parent consent forms[2] and waiting time for services remain areas of concern because these factors affect family and child participation.

In an earlier report (Veale & Morley, 1994), responses by parents to the open-ended question, "What could the SBYSP do to help you and/or your child more?" included the following:

- "Keep in touch and visit us as before."
- "Maybe have talk sessions together about anything, just to visit sometimes."
- "Maybe set up parent-child conferences together and discuss goals."
- "Have meetings with child on consistent basis."
- "I feel this is a good program and for the first time I know what my son is doing in class and if he is doing homework."

An underlying theme of these responses is the importance of communication among parents, school-based staff, and the child or youth. Focus groups provide another opportunity for assessing parent and student satisfaction. A focus group was conducted with parents of elementary school students served in Iowa's SBYSP in 1995. These parents indicated that program staff provided support and a "go-between" to help communicate their needs when attending special education or general education conferences regarding their children (see Chapter 6 and Veale, 1995).

Finally, some sites in the Iowa program are using the Individual/Family Plan layout included in the 2EASY database system, which includes goals and action plans, along with an assessment of the extent of progress made. In addition, a measure of family well-being was developed through a family-focused Iowa task force. These approaches represent tools for studying the process and results of collaborative services programs at the *family* level.

Third-Party Reviews and Self-Review

Wohlstetter (1997) indicates that considerable agreement is emerging about the nature of organizational learning and the dynamics that must be established for an organization to learn. Seven dynamics appear repeatedly in the documented literature: dialogue about purpose, rich connectedness among participants, holistic thinking, learning from experience, connection to external environment, personal mastery, and involvement of all participants in the learning process.

Two Processes, Two Formats, One Team

Our programs and state team leaders make up a learning organization. In particular, we see each local collaboration involving multiple agencies as a learning organization. Consistent with this view, we generated two processes that would accommodate the dynamics of organizational learning. The processes are third-party reviews and self-reviews based on prepared formats.

Our third-party and self-review processes were developed via dialogue and personal reviews within and between local and state team members.

The basis for developing the self-reviews and third-party reviews was to have a system for determining whether we did what we said we would do based on legislation, rules, and guidelines. In addition, we wanted a baseline of information that would keep everyone on track with our goals and guide discussions. Basic information was first established by the state team and then reviewed by local teams to establish two written formats. Next, the state and local teams applied the formatted information through reviews of local programs. This process—involving everyone at all levels in developing and applying information—allowed everyone to learn together. Local team members completed self-reviews followed by state team members completing the same process. Revisions were made by completing the process of local reviews and analyzing the difficulties. Everyone learned as more holistic thinking emerged from discussions. Personal mastery was the expectation, and all participants were expected to contribute. What resulted were two formats quite similar in layout and information. One format is intended for use by the local teams as a baseline for reflecting on what is being done, with what quality, and to what magnitude. The second format guides third-party visitors to establish a complete picture of a comprehensive local program. The self-review format appears in Resource G.

For example, the legislation directing the SBYSP in Iowa required multiagency involvement in administering state dollars and multiagency involvement in administering direct services at the local level. At minimum, all sites had to provide preventive and primary health care, mental health services, personal life skills training, job training and employment services, recreation services, family involvement, and human services at a site in or near the school or schools. Flexibility in education programming was expected to accommodate multiple-agency services. In-school and out-of-school children were expected to be attracted to SBYSP centers to facilitate access to services. It was very evident at the beginning that centers were developed one piece at a time—not all services could be organized by local staff instantaneously. In addition, staff at the state level needed to monitor accomplishments as services were organized at the centers on a direct service or referral basis. All sites plus the state team needed a guidance system to nudge them toward achieving full expectations, including all services. It was common for some local sites to have excellent health services but lack mental health services or employment and training services or vice versa. Accomplishments were celebrated but not at the expense of the need to address all of the services. The self-review format served as a means to map out what was accomplished and what needed to be accomplished. It also became a written record to reference the historical growth of every center. It was evident that the state team and the local teams needed a guidance tool to keep them on track to achieve the full vision of SBYSP centers in or near schools.

Honesty and objectivity in completing the self-review format are necessary at the local level to experience the full benefit of the exercise. Learning will result if honesty is encouraged. Although the formats can generate and guide discussion, they cannot judge the input. Completion of the formats via a team process will help establish complete honesty, obtain holistic answers, and ensure quality within answers.

Characteristics of an Effective Evaluative Team

The importance of the team process in this part of the assessment or evaluation system cannot be overstated. This is truly a team effort, with the local program staff working with the state team members on this learning inquiry. As such, it is important to try to develop effective teams of evaluative learners. According to Preskill and Torres (1999), characteristics of effective teams for an "evaluative inquiry" (such as the third-party and self-review) include the following:

- Open and honest relationships among team members
- Ability to see mistakes as opportunities to learn
- Energy and enthusiasm
- Information shared internally and externally
- Each member being held accountable for his or her actions
- A comfortable environment with value given to humor and fun
- A clear, shared purpose and direction
- Members challenge and support each other
- Climate of trust
- Conflicts resolved or managed (but not avoided "at all costs")
- Creative and flexible
- Ability to facilitate meetings that are productive

We feel that we have been able to develop teams in the Iowa SBYSP that reflect many of these characteristics.

Note that one of the characteristics of an effective evaluative team is resolving or managing conflict. Conflict can be a creative, positive force within a team—if it is managed properly and, eventually, resolved. Tough questions raised by a team member can initially cause discomfort among other members but, on reflection and dialogue, can result in progress. In one SBYSP meeting early in the development of the Iowa program, a team member asked, "How do we know we are serving and impacting the most seriously at-risk students?" After the initial discomfort of having to admit that we didn't know (!), we developed the student risk assessment instrument through a team process, which enabled us to answer the question. Other conflicts may not have such clearly constructive results, but by allowing some anger and frustration to surface, more open and honest relationships can evolve. The most critical source of conflict in teams is how members communicate with each other—how they ask for help, how they deal with problems, and how they ask questions (Preskill & Torres, 1999). This often needs careful management by a team leader to allow for a healthy level of conflict while avoiding negative hostility.

Repeated Use of the Formats and the Time Factor

Repeated (annual or semiannual) and complete use of the self-review and third-party review formats will help drive, develop, and solidify comprehensive service programs. Multiple components are built into the information of each format and require a response. If all items are addressed (a response provided and a goal or objective considered), comprehensive programming will emerge in time.

Time should be a primary consideration in using the self-review and third-party formats. Individual components of a program require attention to detail, demanding that someone assume responsibility for the component and proper resources be leveraged to allow services to be provided. The development of all components at one time may be too demanding. A timeline should be established to allow the development of comprehensive services.

Community Resources and Volunteerism

Resources vary within communities and dictate what can and cannot be done. Volunteer services should be considered as well as paid contractual arrangements. All areas lend themselves to volunteerism. Creative consideration of volunteerism, especially involving children and youth to help other children and youth, can significantly expand available resources.

Five areas to seriously consider for volunteerism include healthy and able children and youth, senior citizens, the business community, parents, and all staff of schools other than specific hired staff. If all teachers, counselors, administrators, and support staff can develop at least one objective to assist challenged students within the context of a comprehensive service program, significant progress will have been made regarding resource development. More important, if someone is assigned the responsibility of shepherding existing resources such as using healthy children to assist other children, even greater potential may be realized.

Community resources and volunteerism are two factors that need to be considered in the third-party reviews and self-reviews. The dialogue that is part of this review process should yield recommendations for the creative use of these critical factors for collaborative services programs.

Evaluating the Evaluation

It is important to maintain a critical, evaluative perspective toward the various instruments and outcomes used in the evaluation. We call this process "evaluating the evaluation." This could involve some or all of the following:

- Asking survey questions regarding the clarity and ease of the survey, as well as how long it took the respondent to complete it
- Reviewing the survey for cultural and gender validity and comfortableness
- Attention to issues such as question complexity and context, as well as survey length
- Reviewing outcome definitions and considering alternatives
- Making sure the survey questions are developmentally appropriate
- Making sure the survey questions are available in the first language of the participant (e.g., Spanish)

This process of reviewing and revising can result in widespread changes in instrumentation during the first few years of a program. Although this makes comparisons over time more difficult, it is important to have valid and reliable instruments so that more accurate comparisons may be made in the future. As Osborne and Gaebler (1992) point out,

> No measures are perfect. . . . Therefore it makes sense to modify and refine performance measures often, particularly as their flaws are revealed in practice. It also makes sense to commission an independent audit of the measures periodically, to see if they in fact measure what one thinks they measure. (p. 358)

We have used such an "independent audit of the measures," convening a conference in 1995 of independent academicians and other experts in the fields of education, social work, statistics, and evaluation to review our evaluation system. In addition, we have met with elementary coordinators and collaborating agencies in one program site to seek additional advice on how to improve the instruments for younger students. Such conferences provided us with invaluable information on evaluating the evaluation system—and improving it. *This, too, is a never ending process.*

NOTES

1. Internal consistency reliability and content validity of customer satisfaction survey questions were examined and reported in Veale (1995).
2. Federal and state laws apply to this area, which complicates the ability of agencies to concur on a common consent form process.

Outcomes Evaluation I

Evaluating Program Results Using Quantitative *Data*

Process evaluation is important for collaborative services program management because the process of delivering services to children and families requires management for improvement. In contrast, outcomes evaluation deals with the results of the program intervention (the services provided). Outcomes evaluation is important for program accountability. One way of thinking of this difference is that process evaluation is important for *improving* the quality of the program, whereas outcomes evaluation is important for *proving* the effectiveness of the program.

Recall that our goals, outcomes and process measures, and assessment instruments and methods have been charted in Table 4.1 of Chapter 4. This table, which is an extension of Table 1.1 in Chapter 1, represents a map of our complete assessment system. It is also structured as a planning tool for potential users. Goal attainment is measured using process and results information, as indicated in Table 1.1. In this chapter, we focus on *quantitative* results information for outcomes evaluation, including grade point averages, attendance figures, dropout rates, and reenrollment counts. In addition, responses to many survey questions yield quantitative data, such as proportions indicating improved health, behavior, motivation, and work-related skills.

Percentages, means, and standard deviations can be used to summarize quantitative outcome data, and tests of statistical significance can be used to make comparisons—current year to previous year, high-risk students to those of lower risk, and students in the program to a control group (if one can be identified). The latter includes *t* tests, analysis of variance, and chi-square tests, inter alia. Statistical packages such as SPSS (SPSS, Inc.), NCSS (Number Cruncher Statistical Systems, Dr. Jerry Hintze, author), and StatXact (CYTEL Software Corporation) facilitate such analyses.

The advantages of using quantitative data for assessing and evaluating outcomes are that they may be readily combined over cases (students) and statistical program packages can be employed to analyze the data. If some form of random sampling is employed and a sufficient response rate obtained, the results of these analyses may be generalized to the population of students or parents. The primary disadvantage of using quantitative data is that they are one-dimensional—they describe only one aspect or quality of the individual served.

GPA Outcomes

Two grade point average (GPA) outcome measures were defined for the School-Based Youth Services Program (SBYSP) in Iowa:

- Percentage *maintaining* GPA (students whose GPA in the current year is *within 0.1* of their GPA in the previous year)
- Percentage *improving* GPA (students whose GPA in the current year is greater than their GPA in the previous year *by more than 0.1*)

These were also combined into one outcome—the percentage *maintaining or improving* GPA. This combined GPA outcome was found by adding the above two percentages together.

One basic rationale for this outcome is Maslow's hierarchy of human needs, based on the following tenant: *If the basic needs of safety, security, and social contact are addressed, educational achievement and self-realization can occur* (Maslow, 1943, 1987). Some students involved in significant challenges demonstrate a positive outcome by simply maintaining their grades, but others may demonstrate improvement in their grades. On the other hand, some students' grades may decline until these students' basic needs can be significantly addressed.

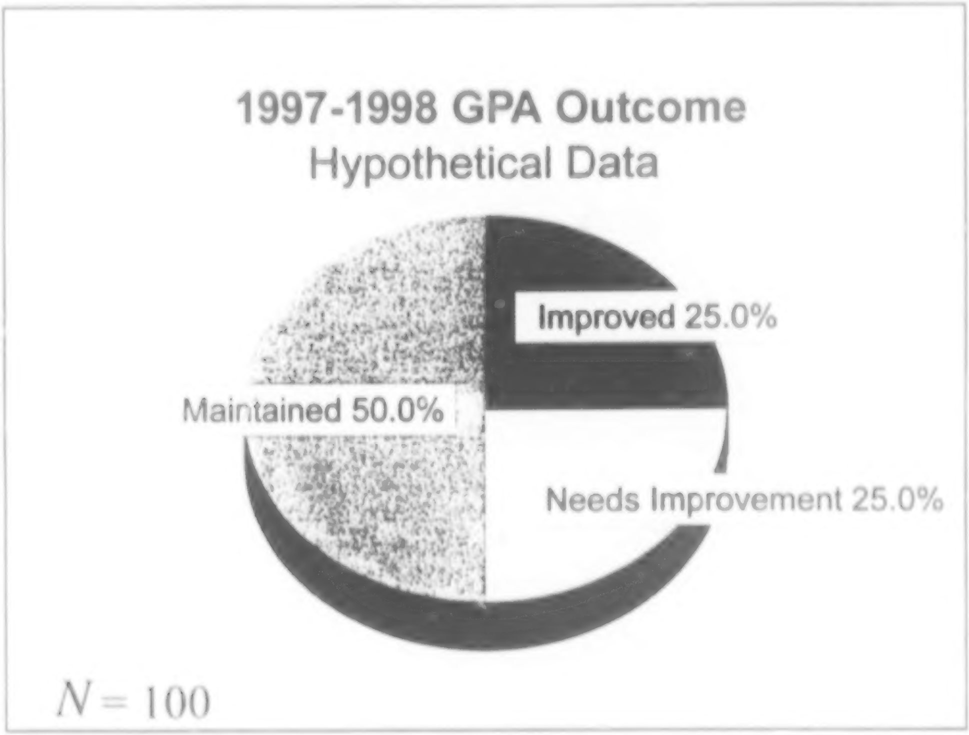
It is critical that both years of GPA data be available for this outcome. Only those students for whom GPA is available in both previous and current years should be included in the denominator or base for these percentages. For example, suppose there are 200 students served in a program in the current year, but only 100 of these have the current year's and previous year's GPA available; the others are missing either one or both years of GPA data.[1] The denominator or base for the percentages would be 100—*not* 200.

In the above example, suppose that 50 maintained their GPAs (e.g., 2.5 in 1996-1997 and 2.4 in 1997-1998), and another 25 improved them (e.g., 3.0 in 1996-1997 and 3.4 in 1997-1998). The percentage maintaining GPA would be the following:

$$\{50/100\} \times 100\% = 50\%,$$

whereas the percentage improving GPA would be

FIGURE 5.1. GPA Outcome for 1997-1998 (hypothetical data)



$$(25/100) \times 100\% = 25\%.$$

The combined GPA outcome, the percentage maintaining *or* improving GPA, would be

$$(50 + 25)/100 \times 100\%$$

or 75%. (The remaining 25% are students whose GPA worsened by more than 0.1.) These results may be illustrated in a pie chart, as in Figure 5.1.

The above values may be viewed as acceptably high. If most students in the program being evaluated are high risk, it may be argued that without this program, the percentage maintaining or improving GPA would have been much lower. However, it is not evident what criteria should be used to determine what is an acceptable percentage.

Alternatively, a *t* test could be used with the gains in GPA for the 2-year period (GPA in current year minus GPA in previous year). However, the usual null hypothesis of a zero mean gain may not be a fair basis for evaluating this type of program on these outcomes, given the risk profile of many program participants. Comparisons within collaborative services programs (e.g., by program site or level of risk) may provide some insights.

Attendance Outcomes

Two attendance outcome measures were defined for the SBYSP in Iowa:

- Percentage *maintaining* attendance (number of absences in the current year is *within 1 day* of the number of absences in the previous year)
- Percentage *improving* attendance (number of absences in the current year is less than the number of absences in the previous year *by more than 1 day*)

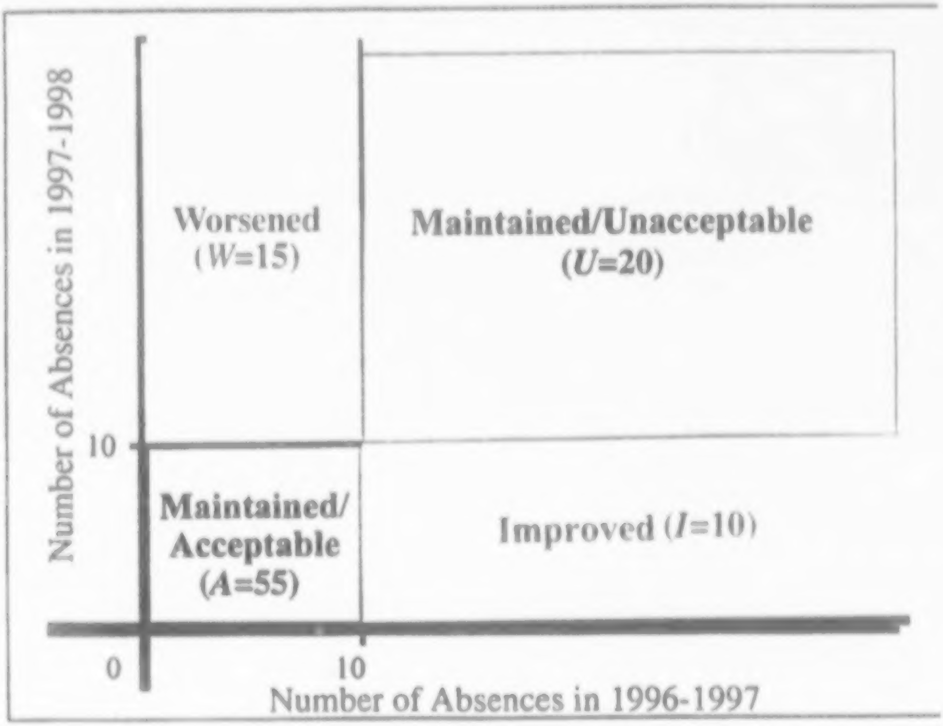
These were also combined into one outcome—the percentage *maintaining or improving* attendance. This combined attendance outcome was found by adding the above two percentages together.

As with GPA, it is critical that both years of attendance data be available. Only those students for whom attendance is available in both the previous and current years should be included in the denominator or base for these percentages. As with GPA, in addition to the percentages maintaining or improving attendance, gain scores (or an appropriate transformation thereof) can be used directly and *t* tests conducted. As with GPA, comparisons within collaborative services programs (e.g., by program site or level of risk) may provide further insights. (See Veale, 1995, for a detailed statistical analysis of attendance and GPA data from the SBYSP in Iowa over a 2-year period.)

In the above approaches using either gain scores or percentages based thereon, no standard representing attendance *level* is employed. A student who was absent 100 days in 1996-1997 and 98 days in 1997-1998 would be classified as "improved," as would one who was absent 2 days in 1996-1997 and missed no days of school in 1997-1998. Both of these students would have a gain score of 2 and would be counted among those who "improved." Although the (hypothetical) student missing 98 days in 1997-1998 technically improved, he or she still has a serious attendance problem.

We use and suggest a more informative and practical approach to assessing and evaluating attendance that incorporates a criterion for an *acceptable level* into the definition of the attendance outcome. This may be accomplished by applying the number of absences allowed in a typical attendance policy. Using the aforementioned guidelines, 10 days was determined to be a maximum acceptable number of absences for the school year. With this criterion, we defined the following partition for attendance in the 2 years (see Figure 5.2):

FIGURE 5.2. New Attendance Outcome Partition



- Maintained/acceptable—absent 10 days or fewer in previous year; absent 10 days or fewer in current year
- Improved—absent more than 10 days in previous year; absent 10 days or fewer in current year
- Worsened—absent 10 days or fewer in previous year; absent more than 10 days in current year
- Maintained/unacceptable—absent more than 10 days in previous year; absent more than 10 days in current year

Percentages maintaining an acceptable level or improving were computed. Because this incorporates an acceptable level, there is no question that these are desired outcomes.[2] Typically, one would expect the number of improvements using the above classification system to be smaller than the number maintaining an acceptable level. This is a much more "liberal" definition of *maintaining* than that using gain scores, in terms of the range of possible gain score values that are included in the definition. However, it is more "conservative" in that it requires an acceptable level of attendance—namely, no more than 10 days absent—in a current year. On the other hand, the definition of *improving* to an acceptable level is clearly more conservative than that using the gain scores, in that only those in which (a) the number of days absent in current year is no more than 10 and (b) the number of days absent in the previous year is greater than 10 are included. In the above example, the student who missed 100 days in the previous year and 98 days in the current year would no longer be classified as "improved" but rather as "maintained/unacceptable."

The percentages for this new attendance outcome can be computed in two ways. Treating the 2 years of data as paired observations, the percentage "improving" and "maintaining/acceptable" may be computed based on the total number of students with attendance data for both years. In Figure 5.2, the percentage "improving" is represented by $I/(A + I + W + U) \times 100\%$, whereas the percentage "maintaining/acceptable" is represented by $A/(A + I + W + U) \times 100\%$. These percentages could be combined because the same denominator is used in each. Perhaps more realistically, one may treat the data from the previous year as *given* or "fixed" and compute the percentage "improving" out of those who needed improvement based on their previous year's data (i.e., those missing more than 10 days in that year). In Figure 5.2, this would be represented by $I/(I + U) \times 100\%$. Similarly, one may compute the percentage "maintaining/acceptable" out of those who had acceptable attendance in the previous year. In Figure 5.2, this would be represented by $A/(A + W) \times 100\%$. These percentages cannot be combined because they have different denominators or bases.

To illustrate these two ways to compute these percentages, suppose we found the following from the program database: $A = 55$, $I = 10$, $W = 15$, $U = 20$ (as indicated in Figure 5.2). This yields a total of 100 (= 55 + 10 + 15 + 20) for whom both years of attendance data were available. Treating the data for the 2 years as paired, one obtains the following:

- 55% maintained an acceptable level (55 out of a total of 100)
- 10% improved to an acceptable level (10 out of a total of 100)
- 65% either maintained or improved to an acceptable level (65 out of a total of 100)

Treating the data for the previous year as given or fixed, one finds the following:

- 78.6% maintained, among those previously at an acceptable level (55 out of 55 + 15 or 70)
- 33.3% improved, among those previously at an unacceptable level (10 out of 10 + 20 or 30)

The second set of the above outcome data may be more informative and more readily communicated. Just under four fifths (78.6%) of the students who were attending at an acceptable level (absent 10 or fewer days) in the previous year maintained that level of attendance in the current year. One third (33.3%) of students who were *not* attending at an acceptable level in the previous year improved to an acceptable level in the current year (see Display 8.1 in Chapter 8 for actual data from the Iowa SBYSP in 1996-1997.)

Technical note: The tacit assumption in all of the previous comparisons between current and previous years is that the student was in the program in the current year and *not* in the program in the previous year. This will probably be true only in the first year of the program. From the second year on, some students will be new that year, but others will be continuing in the program. Year-to-year comparisons for those continuing in the program will not provide a "pure" measure of program effect such as that provided by similar comparisons for students new to the program. (History, maturation, and other "rival hypotheses" could also explain such year-to-year gains, of course.) However, it will provide a measure of a longer-term effect. For example, it may be that some students will get worse before they get better on many of the outcomes we are tracking. In terms of attendance, one might expect to see most students below the 10-day absence criterion by year 2 or year 3—even though many might still be absent a lot during the first year of the program. One may wish, therefore, to compute separate GPA and attendance outcomes for (a) new students in the program and (b) students continuing in the program. This can be done using the field for "entry status" in the database, which includes the categories "new," "repeat" (continuing from last year), and "former" student (not in program last year but was in some prior year).

Staying in School

In the SBYSP in Iowa, the following outcome measures for staying in school were defined:

- Dropout rates in high schools served by each program site
- Dropout rate for high school participants of the program
- Reenrollment for high school participants of the program
- Dropout rates for high school participants of the program and magnitude of contact with the program, broken down by level of student risk

Dropout Rates in Participating High Schools

The dropout rates in high schools served by each program site can be tabulated, graphed, and summarized by statistics such as the median and range. The median is considered to be an indication of the overall level of success in keeping students in school, whereas the range indicates the

FIGURE 5.3. Dropout Rate in Schools Served by Each of 18 SBYSP Sites in 1995-1996

Dropout Rate Categories	*Number of Sites*	*Actual Dropout Rates*
0.0 but less than 2.0	0	
2.0 but less than 4.0	7	2.7 2.7 2.7 2.8 3.1 3.3 3.8
4.0 but less than 6.0	4	4.4 4.7 4.8 5.7
6.0 but less than 8.0	5	6.1 6.2 7.1 7.5 7.6
8.0 but less than 10.0	2	8.8 9.4
Total	18	

amount of variation in this level of success from site to site. Consider the following (actual) dropout rates for the 18 sites in the SBYSP in 1995-1996:

> 2.7, 2.7, 2.7, 2.8, 3.1, 3.3, 3.8, 4.4, 4.7, 4.8, 5.7, 6.1, 6.2, 7.1, 7.5, 7.6, 8.8, 9.4

The dropout rates have obviously been ordered from smallest to largest. A more informative presentation of the above data is a combination stem-and-leaf diagram and frequency distribution, presented in Figure 5.3.

The median dropout rate or middle number[3] in the above array is 4.75%. The range is simply the difference between the largest rate and the smallest:

$$9.4 - 2.7,$$

or 6.7%. The median dropout rate decreased slightly from the previous year, when it was computed to be 5.3. Lower overall dropout rate, as measured by the median, is a positive outcome—an indication of fewer students dropping out of school (i.e., more staying in school).

The range also decreased from 11% to 6.7%. A reduction in variability, as measured by the range, is also a positive outcome. This can be realized by either lower values on the high end of the distribution or higher values on the low end. A reduction in the highest dropout rates is obviously desired because that means fewer dropouts in areas where the dropout problem had been very serious. Less obviously, somewhat higher values of the lowest dropout rates may also be desirable. In 1994-1995, there were two sites with dropout rates around 1%. A very low dropout rate may be due to an undercount of the actual dropouts in the community. Outreach to dropouts is an important component of many collaborative services programs. Dropouts who are not counted are not likely to be reached and brought back into the educational system.

Dropout Rate for High School Participants

A simple measure of the success of the program in encouraging participants to stay in school is the percentage of the total number of high school participants who stayed in school during the current year. This is simply 100% minus the dropout rate among high school participants in the collaborative services program. (We focus on high school students [i.e., students in Grades 9-12] because the high school years are the years in which most dropouts occur.)

Suppose there are 200 high school students participating in the collaborative services program during a particular year and that 10 of these students dropped out during the year ***and did not return***. Furthermore, suppose that another 20 students dropped out but returned and finished out the year. The dropout rate is

$$10/200,$$

or .05, times 100%, which yields 5%. Note that we include only those who dropped out and did not return—*not* those who later returned and completed the year. Subtracting this figure from 100% yields

$$100\% - 5\%,$$

or 95% who stayed in school.

The dropout rate for collaborative services program participants can be expected to fluctuate somewhat from year to year—due to changes in the population, changes in school policy outside the control of the program, and changes in methods used to track dropouts. For example, in several SBYSP sites in Iowa, there has been an influx of high-risk students and families. Many of these students have high rates of absenteeism. School attendance policies have been established in some of these sites, which often have the unintended consequence of increasing the number of dropouts. However, one would hope that eventually a downward trend in the dropout rate (upward trend in the percentage staying in school) would be observed. Based on our experience in Iowa, a period of 7 to 10 years may be required for this trend to be realized.

Reenrollment for High School Participants: A Measure of Success in Outreach to the Community

Direct evidence of outreach to dropouts is contained in the number of reenrollments. In 1995-1996 in the School-Based Youth Services Program, there were 98 reenrollments, of which 78 successfully completed the school year. The number of reenrollments decreased slightly over that of the previous year, but the number of sites reporting reenrollments increased from 9 to 13 (out of 18). One site (Washington's Assure Program) had five students drop out; *all five were reenrolled, and all but one of these students completed the school year.*

Reenrollment count is a measure of success in outreach to those in the community for whom the educational system has failed. It is a reflection of the extent to which the collaborative services program is successful in serving those perhaps most in need of services related to education.

Dropout Rates for High School Participants and Magnitude of Contact With the Program, Broken Down by Level of Student Risk

In January 1994, a student risk assessment instrument was developed for application with the EASY/2EASY database and the student and parent surveys. This instrument yielded three categories of risk—low, medium, and high (Figures 3.1 and 3.2 in Chapter 3). These data were entered into the EASY/2EASY database and the survey data files and were used to study the impact of the School-Based Youth Services Program on various outcome measures for students at various levels of risk.[4]

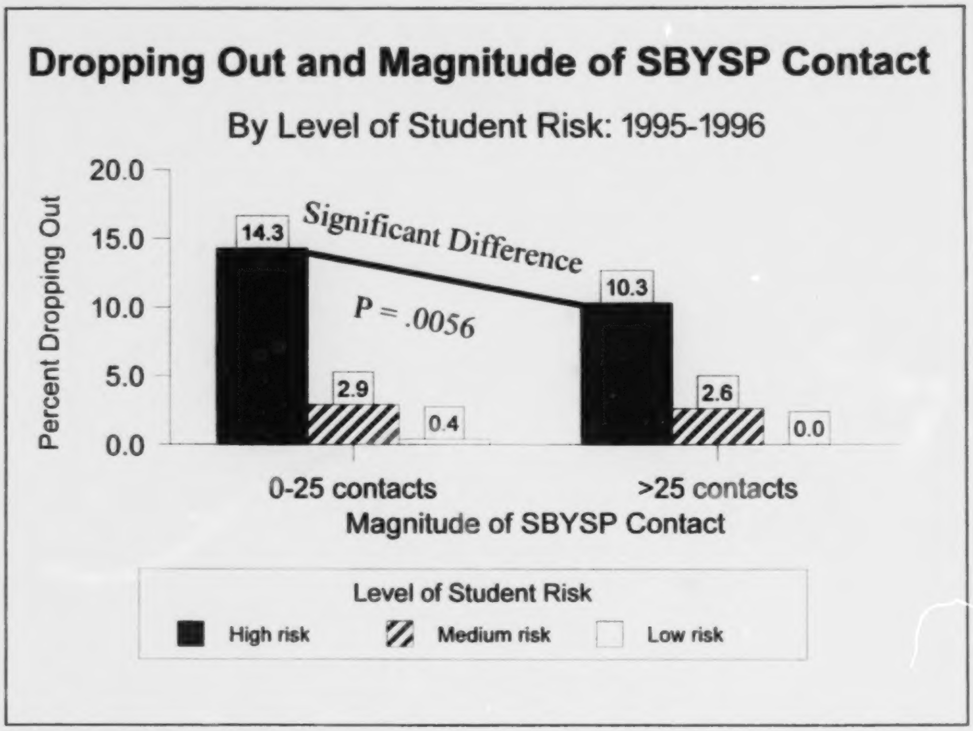
It is of interest to study the relationship between the likelihood of dropping out and the magnitude of SBYSP services (total number of contacts) provided for students at a given level of risk. Is the relationship different for students at the low-, medium-, and high-risk levels? According to Pawson and Tilley (1997), "identifying . . . subgroups for whom the program succeeds (or indeed fails) gives us a window on why the initiative works" (p. 113). In particular, we have found that using 25 contacts as a dividing point provides a useful partition—(a) 0 to 25 contacts and (b) more than 25 contacts.

To investigate this relationship, one must first access the relevant information from the database. Begin with the low-risk category. The following information is needed:

1. Total number of students in the low-risk category who accessed 0 to 25 contacts
2. Number of students in the low-risk category who accessed 0 to 25 contacts and dropped out of school
3. Total number of students in the low-risk category who accessed more than 25 contacts
4. Number of students in the low-risk category who accessed more than 25 contacts and dropped out of school[5]

To get the dropout rate for the low-risk students who accessed 0 to 25 contacts, we divide (2) by (1) and multiply by 100%. To get the dropout rate for the low-risk students who accessed more than 25 contacts, we

FIGURE 5.4. Dropping Out of School by Magnitude of Program Contact: (a) 0 to 25 Contacts and (b) More Than 25 Contacts



NOTE: Reenrollees excluded from "dropouts."

divide (4) by (3) and multiply by 100%. Repeat these operations for students in the medium- and high-risk categories. This process will yield six percentages that can be represented in a multiple bar chart. In the School-Based Youth Services Program in 1995-1996, the relationship between magnitude of contact and dropping out (or staying in school) was statistically significant *only* for the high-risk group ($p = .006$) (see Figure 5.4).[6]

Specifically, 10.3% of students at high risk who had more than 25 contacts with the School-Based Youth Services Program dropped out, compared with 14.3% of students of similarly high risk who had less than or equal to 25 contacts with the program. The difference in dropout percentage rates between the groups with a high and low magnitude of SBYSP contact is statistically significant ($p < .05$) and is in the anticipated direction (lower for those with high magnitude of contact) for high-risk students. In this analysis, only students in Grades 9 through 12, including alternative schools, were considered. Moreover, only those who dropped out and did not reenroll were included in the category "dropped out." Thus, the reenrollment information was indirectly incorporated in these analyses regarding risk, dropping out of school, and magnitude of contact with the SBYSP. The data used in Figure 5.4 were obtained by pooling the data from the 18 sites.[7] One interpretation of the data illustrated in Figure 5.4 is that, in terms of keeping young people in school, the SBYSP is helping the most at-risk students the most—high-risk students with more program contacts have significantly lower dropout rates. In contrast, among the lower-risk groups, students with more contacts do *not* have significantly lower dropout rates.

Focus on Outcomes—*Not* on the Demonstration of Cause and Effect

To some extent, the successful result for the high-risk students may be due to the fact that they stay in school and have more time to access services than those who drop out. Students who are high risk are more likely to avail themselves of such opportunities if they stay in school. As Senge (1990) states, "Every influence is both cause *and* effect" (p. 75, emphasis added). In dynamic systems, there is a "reciprocal flow of influence"—X influences Y, and Y, in turn, influences X. Moreover, in some cases, other programs or influences (other than what one might expect) could be positively affecting the high-risk students to stay in school.

Our perspective is program *effectiveness*, with a focus on assessing outcomes—not trying to demonstrate cause-and-effect relationships (Martin & Kettner, 1996). With this perspective, achieving the *outcome* for high-risk students of a lower dropout rate (for those receiving more services) is taken as an indicator of program effectiveness. Whether this result is produced by (a) the SBYSP influencing the high-risk student to stay in school or (b) high-risk students who stay in school due to other programs or influences in the school or community and are then able to access more SBYSP services (in turn, perhaps, further influencing them to stay in school) is somewhat academic. The bottom line is (a) the dropout rate for students in the SBYSP decreased significantly from 7.4% in 1994-1995 to 6.2% in 1995-1996 ($p = .017$), (b) the median dropout rate for schools served decreased somewhat from 5.3% in 1994-1995 to 4.75% in 1995-1996, and (c) the spread or range in the dropout rates in schools served by the local SBYSPs substantially decreased, with fewer very high (or very low) dropout rates.[8]

The aforementioned focus on outcomes—and *not* on cause and effect—is to some extent due to the fact that in many cases, control groups do not exist. Randomization is the standard tool for pretreatment equalization of groups and is necessary to show that differences between the program group and a control group are due to the treatment (the collaborative services program)—not to extraneous factors such as differences in group member characteristics. However, randomization is not feasible in evaluations of programs that are open to all students in a school or district (such as Iowa's SBYSP). Nonrandomized comparison groups are likewise difficult to develop. For example, in the SBYSP in Iowa, Des Moines is one of the 28 (later 27) program sites. There is no school district that is even remotely comparable to Des Moines—the capital and largest city in Iowa.

In the experimental approach to evaluation, it is assumed that the program is a fixed "treatment" that is either effective or not effective for all potential subjects. But subjects come to a program with different needs, assets, skills, and anticipations. This *context* is important to consider in that it renders the initiative into "a different kind of encounter" (Pawson & Tilley, 1997). An example of the use of such context in evaluation is the examination of the dropout rate (outcome) for different levels of service contacts (initiative) by level of student risk (context) (see Figure 5.4). Another example, which will be addressed in the next chapter, is the case study, in which the specific set of needs and assets of an individual student or family can be examined by a person with intimate knowledge of them (e.g., a case manager), and program impact is assessed within this individualized context. To the extent that experimentation "cancels out" (e.g., via randomization) the specific social conditions that are favorable to the success of an initiative, such an approach will likely produce negative or mixed results concerning program impact (Pawson & Tilley, 1997).

Thus, rather than attempt to attribute positive (or negative) effects to the SBYSP, we have chosen to focus on *outcomes*—which may be in part the result of SBYSP services in a particular context (such as 25 or more contacts with students classified as high risk), in part the result of other programs and influences in the community (such as after-school or summer activities), and perhaps magnified or attenuated by factors that are beyond the control of the SBYSP (e.g., school policies on attendance). The bottom line for evaluating the program is that which we use for the evaluation of students—*performance* on outcomes, including an examination of the context within which this performance occurs.

Survey Outcomes: Perceptions of Progress

The student and parent surveys for assessing student outcomes and customer satisfaction are presented in Resources A through F. They are typically administered in the spring to a random, systematic sample of students and their parents. Other procedures such as stratified random sampling can be used to provide greater control over variability and ensure representation of subpopulations. We have found that a 1-in-20 random sample, using a random starting point and selecting every 20th participant (student) in the list, works quite well.

To secure the sampling frame for the systematic random sample, one must first sort or arrange the students by grade, level of risk, and number of contacts. This is easily accomplished if the students' data are in a database, such as FileMaker Pro. This will ensure a good representation across risk levels and number of contacts with the program for each grade level (elementary, middle school, and high school). We suggest sampling only those with at least five contacts with the program. This way, only those who have some investment in the program will be included.

We color-code the surveys by level of student risk—low, medium, high, and unknown. This enables us to break down the data by risk, to determine if high-risk students are responding differently to the question than low- or medium-risk students. Color coding is a simple, unobtrusive, nonstigmatizing method for gathering such data.

The surveys may be administered in person, during a home visit, or by sending them to the student and parent through the mail. The latter is the least desirable method because it has been shown to yield the lowest return. We have attempted to conduct the surveys via the computer, but so far paper-and-pencil surveys have worked best. In the future, when a high proportion of families are online, surveys will be conducted on a personal computer either at the program's Web site or via e-mail. There are presently software systems available on which one may develop a survey, publish it to the Web (or send via e-mail), and then analyze and summarize the data statistically. (Recall the discussion of sampling and survey preparation, administration, and documentation in Chapter 2.)

Assuming one has successfully administered a paper-and-pencil survey, the responses then need to be entered into a statistics computer package, such as SPSS (SPSS, Inc.), NCSS (Number Cruncher Statistical Systems), or ABstat (Anderson-Bell Corp.)—all available for PC systems. (SPSS and other packages such as StatView (Abacus) are also available for the Macintosh.) Once the responses have been entered, they may be statistically analyzed using frequency distributions, cross tabulations, and various statistical tests available in these computer packages. Tabular and graphical tools may then be used to present the results of these analyses. For example, the main survey results for the SBYSP in 1996-1997 may be presented in tabular form, as presented in Table 5.1. Table 5.1 contains summary statistics for the student outcomes survey questions in the six groups surveyed: elementary, middle, and high school students, and the parents of the three student groups. The abbreviated outcome statements in the first column correspond to the survey questions. Not all survey questions were included on all surveys; for example, elementary school students were not asked the questions on employment. Cells corresponding to groups who were not asked a survey question are blank (—). The figures in the six columns on the right are percentages of students and parents who provided a *positive assessment*—affirmation (no change) or improvement regarding the outcome addressed in the survey question. *Attainment* of the survey outcome by a group is defined as 80% or more of the group providing a positive assessment on the corresponding survey question. Shaded cells in the body of the table indicate less than 80% positive assessment or *nonattainment* of the outcome by the group. Shaded outcome statements (left-most column) indicate that *at least* 50% of groups surveyed had *less than* 80% positive assessment or nonattainment

TABLE 5.1 Attainment of Survey Outcomes: Percentages of Students and Parents With Positive Assessments on Student Outcomes Survey Questions

Good or Better Now Than Before in the Following Areas	*Percentage of Positive Assessments*[a]					
	High School		*Middle School*		*Elementary School*	
	Students	*Parents*	*Students*	*Parents*	*Students*	*Parents*
Getting help	98.3	98.3	97.8	93.5	100.0	100.0
Overall physical health	83.3	91.5	83.0	85.5	75.8	84.8
Performance in school	83.1	81.4	82.5	88.5	96.7	95.7
Attendance in school	76.7	79.7	82.5	86.9	93.4	87.0
Setting goals for the future	84.0	81.4	86.6	71.7	—	—
Attitude toward school	69.4	74.6	75.9	83.6	88.5	84.4
Attitude toward self	94.2	100.0	95.6	96.7	90.2	95.6
Getting along with peers	97.5	96.6	93.4	95.0	91.8	93.3
Nonuse of drugs	96.6	95.0	96.3	98.4	—	—
Nonuse of alcohol	81.0	87.5	94.9	98.4	—	—
Nonuse of tobacco	66.7	71.7	83.1	88.7	—	—
Staying in school/graduating (or getting GED)	97.5	91.4	93.3	98.4	93.2	87.0
Not having unprotected sex	83.8	98.0	97.1	98.3	—	—
Getting a job	93.2	93.2	—	—	—	—
Attitude toward family	85.6	86.0	96.3	98.3	98.4	100.0
Getting along with family members	81.6	81.0	90.3	93.4	—	—
Making own decisions	97.5	100.0	96.3	98.4	—	—
Staying out of trouble	84.9	91.5	80.0	93.5	86.7	84.1
Helping others	90.8	83.1	84.6	88.3	85.2	82.2
Attending college/technical school	85.6	83.9	—	—	—	—
Getting a desired job	88.2	94.6	—	—	—	—
Helping community	85.6	78.9	—	—	—	—
Getting into the military	63.6	78.0	—	—	—	—

(continued)

TABLE 5.1 Continued

	Percentage of Positive Assessments[a]					
	High School		*Middle School*		*Elementary School*	
Good or Better Now Than Before in the Following Areas	*Students*	*Parents*	*Students*	*Parents*	*Students*	*Parents*
Acceptance of people of different race or color	89.9	94.9	91.0	93.3	96.7	95.6
Feeling when get up in morning	81.0	83.9	80.1	93.4	77.0	91.1
Not worrying	49.2	70.2	60.7	69.5	62.9	71.7
Not getting in trouble with the law	91.5	96.7	92.6	98.4	—	—
Knowledge of health						
Wash hands (elementary only)	—	—	—	—	67.7	72.5
Brush teeth	100.0	98.3	97.1	96.8	71.0	67.5
Comb/brush hair	—	—	—	—	81.7	84.2
Taking initiative	98.3	68.3	94.8	72.4	—	—
Promptness in school	89.7	89.8	92.6	98.4	88.7	91.3
Feeling happy	89.8	96.5	94.0	100.0	96.8	100.0
Desire to achieve/learn	96.6	94.7	94.0	96.6	96.8	93.5
Selection of career interest	88.0	82.8	76.5	76.7	65.5	41.3
Establishment of career goal	81.7	75.9	—	—	—	—
If answer to above question is positive: ability to achieve career goal	93.2	95.3	—	—	—	—
Playing/working with others	98.3	98.3	95.5	100.0	96.6	95.1
If respondent has a job: promptness in job	97.3	97.2	88.2	68.8	—	—

NOTE: a. Percentage of positive assessment is based on the number responding affirmatively (no change) or improved (over how they were before coming to the SBYSP) divided by the total number of respondents minus those omitting the question.

FIGURE 5.5. Student Outcomes Question Concerning Students' Getting in Trouble With the Law

QUESTION: Does your child get in trouble with the law?

a. Less now than before
b. Yes
c. No

of the outcome. The rest of the outcome statements are those on which *more than* 50% of groups surveyed had *at least* 80% positive assessment or attainment of the outcome.

Survey Outcomes: Breakdown by Student Risk

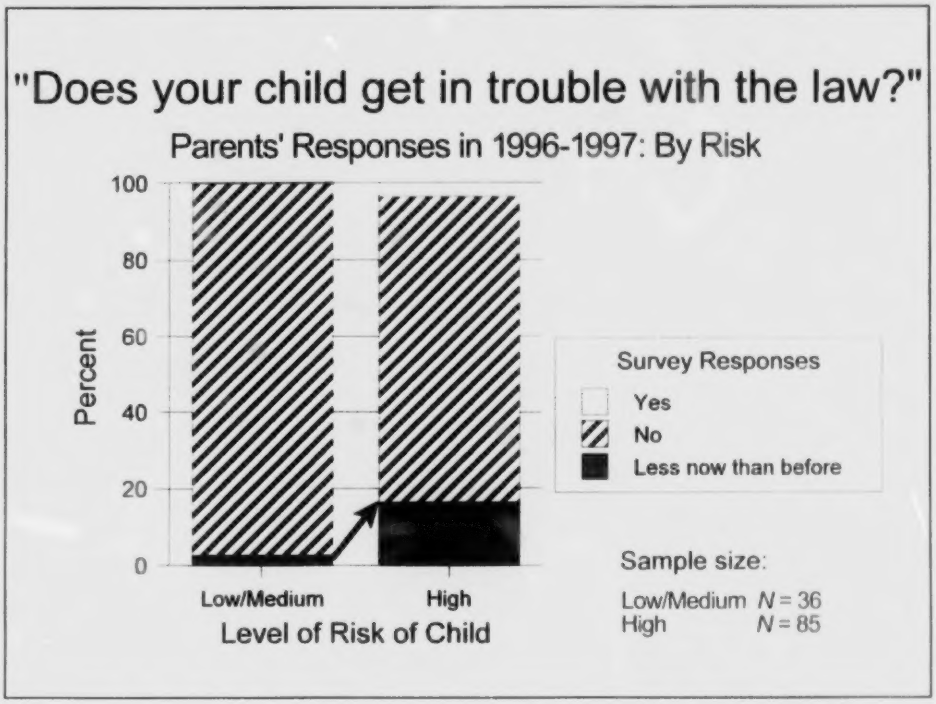
A background variable we track in EASY/2EASY is delinquency. One indicator of a reduction in delinquent activity is a response to the following question from the surveys for parents of middle and high school students (see Figure 5.5).

More than 95% of parents of middle and high school students who had at least five contacts with the SBYSP in 1996-1997 answered this question either (a) or (c), providing a "positive assessment." By cross tabulating the parents' data on the question by (a) parents whose children are low or medium risk and (b) those whose children are high risk, we find approximately the same percentage of positive assessments for these groups on this survey outcome. (The responses of parents of students classified as "low risk" and "medium risk" were combined because of the low frequencies in each category. This was due to the fact that we surveyed only students who had at least five contacts with the program during the school year. These repeat customers were more likely to be in the high-risk category [see Table 5.2].)

TABLE 5.2 Response Data for Parents of Middle and High School Students on Question Concerning Students' Getting in Trouble With the Law, Cross Tabulated by Level of Student Risk

Risk	*Less Now Than Before*	*Yes*	*No*	*Total*
Low/medium, *n* (%)	1 (2.8)	0 (0.0)	35 (97.2)	36
High, *n* (%)	14 (16.5)	3 (3.5)	68 (80.0)	85

FIGURE 5.6. Parents' Responses to the Question, "Does Your Child Get in Trouble With the Law?" by Level of Student Risk



However, the difference between the percentage of parents of high-risk students who indicated *improvement*—response a, "Less now than before"—and that of parents of low- or medium-risk students was *marginally* significant ($.05 < p < .10$). The Pearson chi-square may be shown to be 5.977, with a corresponding p value of .055. Among parents of low- and medium-risk students, only 2.8% indicated improvement compared with 16.5% for parents of high-risk students (see Figure 5.6). A similar result was obtained for middle and high school *students*. When the student and parent data were combined, the percentage of responses indicating improvement was found to be significantly related to risk ($p = .011 < .05$).

Note: The p values in the last two examples are exact, based on the statistical packages StatXact and LogXact (CYTEL Software Corporation). These packages were employed here because of small cell counts and the lack of balance in the data. In these examples, the exact p values were close to the approximate ones, but this will not always be the case.

One way to interpret this result is that from the parents' perspective, the SBYSP appears to be affecting the most at-risk students the most—in terms of their children getting in less trouble with the law than they did before SBYSP participation.[9] This result was essentially a replication of earlier response data on this question (Veale & Morley, 1998).

Alternatively, it may be argued that high-risk students are likely to be the ones with the most room for improvement in terms of the outcomes we are considering. Thus, the above result showing greater improvement among parents of high-risk students was perhaps not too surprising. On the other hand, very few parents of high-risk students selected the negative response ("yes")—a clear indication of support for the effectiveness of the program with these students.

Similar breakdowns were conducted for other survey questions and demographic variables. These breakdowns can provide additional insight into the impact of the initiative on outcomes assessed by those questions. Differences over the various categories of a demographic variable may indicate a specific context (e.g., high risk) in which we are more likely to achieve a positive outcome. This context may be different for different outcomes. For example, on other outcomes, it may be that low- or medium-risk students are more likely to achieve a positive result.

The Need for Longitudinal Data to Assess Long-Term Impact

The focus on outcomes and the lack of control or comparison groups necessitate a longitudinal approach to assess impact. Ideally, we would like to see gradual improvement over time among individual students and their families. At minimum, a comparison between previous and current years on selected outcomes is needed. In the SBYSP in Iowa, as discussed in previous sections in this chapter, we have used such comparisons to define outcomes for attendance and GPA. These comparisons are made on an individual student basis and then aggregated to obtain group statistics. In addition, group comparisons are made for dropout rate (among participants and schools served by the program sites) as well as reenrollment counts.

The GPA and attendance outcomes based on current and previous years' data provide essentially "snapshots" of the progress of the group involved in SBYSP during the current year (over the previous year). Highly at-risk students often need more than 1 year to turn their situations around. In 1997-1998 in the SBYSP, we began gathering one more year of data on GPA and attendance—the current year, last year, and the year before last. We have incorporated this additional year of data (and an additional outcome field) for both GPA and attendance into the EASY/2EASY database system. In addition, instead of only information on the current year for dropping out and reenrolling, we began maintaining 2 years of data on these outcomes.

The new outcome fields—the GPA and attendance data for the year before last and dropout and reenrollment data for the previous year—will provide an additional "point" to plot a program participant's progress in school. Before, we only kept 2 years of data on a student's attendance and GPA. Two points enabled us to determine whether students improved, maintained, or worsened in terms of GPA, say, from the previous to the current year. With 3 years of GPA data, we can determine whether students improved, maintained, or worsened in terms of their GPA *outcomes*. For example, suppose Johnny's GPA went from 3.00 to 2.00 between 1995-1996 and 1996-1997 and then dropped from 2.00 to 1.88 between 1996-1997 and 1997-1998. This student *worsened less* this year, which may be considered a somewhat positive result. Before, considering only 2-year snapshots, we could only have classified Johnny as having worsened in terms of GPA (a negative result)—in both years. Suppose Susie also went from 3.00 to 2.00 between 1995-1996 and 1996-1997 but then improved from 2.00 to 2.25 between 1996-1997 and 1997-1998. Although this student is still below her performance level of 2 years ago, this may be an indication that this student has "turned the corner" and is getting back on track academically. This provides a more complete picture of the student's long-term progress and greater opportunity to show success (or lack thereof). Of course, we would report only group averages and percentages, not individual data.[10]

Similar analyses may be conducted with absence data. Having 3 years of data will enable us to determine what percentage of those who worsened or maintained at an unacceptable level from 1995-1996 to 1996-1997 improved their attendance from 1996-1997 to 1997-1998. This is further evidence of the student having "turned the corner."

With 2 years of dropout data, we can assess whether students (a) dropped out in 1996-1997 but stayed in school in 1997-1998, (b) stayed in school both years, (c) dropped out both years, or (d) stayed in school in 1996-1997 but dropped out in 1997-1998. In situation (a), the student improved; in (b), he or she maintained with a positive outcome; in (c), the student maintained with a negative outcome; and in (d), he or she worsened. Before, we could only determine how many dropped out and how many stayed in school. Similarly, 2 years of reenrollment data will provide a more detailed assessment on success in bringing dropouts back into the educational system. Again, this gives us more opportunities to show success (or lack thereof) and provides a more complete picture of the student's progress.

Cost-Efficiency and Cost-Effectiveness

Cost analysis of human service programs is needed to counter the (mis)conception that such programs are a waste of taxpayer dollars. *Cost-efficiency* analysis compares inputs (e.g., total cost of the program) to outputs (e.g., number of individuals served). *Cost-effectiveness* analysis compares outcomes (e.g., maintaining or improving attendance over that of the previous year) to these inputs (see Martin & Kettner, 1996). These analyses provide powerful information regarding program "accountability"—the extent to which the program has been implemented correctly, is reaching its intended targets, is having the desired effects, and its funds have been expended appropriately (Rossi & Freeman, 1993).

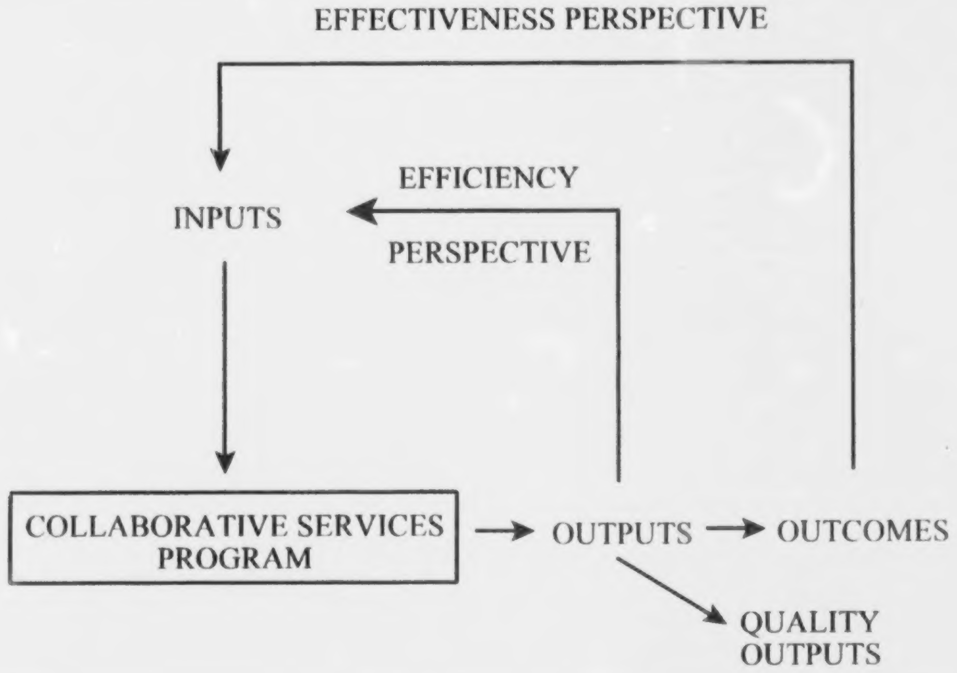
In the SBYSP, we have focused on cost-efficiency. This is defined in two ways: (a) cost per individual served and (b) cost per service contact.[11] The cost includes the amount of the state grant plus local contributions or other funding (inputs). The number of individuals served and service contacts (outputs) is tracked using EASY/2EASY, our computer database system. In addition, data on quality outputs, assessed by positive responses to customer satisfaction survey questions, can be used to compute *quality cost-efficiency*—cost per individual indicating satisfaction with the services.

In 1997-1998, the total amount of expenditures for the SBYSP in Iowa was $8,360,961. This represents the monetary value of the input to the program. In terms of outputs, the number of individuals served in 1997-1998 was 22,403, and the total number of service contacts provided by all sites in that year was 413,036. The cost-efficiency per individual was $373.21 (= $8,360,961 ÷ 22,403), and the cost-efficiency per service contact was $20.24 (= $8,360,961 ÷ 413,036). In general, the lower the cost-efficiency, the more efficient the program. However, the learning curves for (a) collaboration and coordination between schools and communities, (b) monitoring services and outcomes via the database system and other procedures, and (c) development of the physical, social, and technological infrastructure for a "one-stop shopping" center for serving youth and families need to be taken into account when interpreting these figures. This is particularly important when tracking the cost-efficiency of an expanding program over time.

Cost-efficiency can be broken down by program site. In Iowa in 1997-1998, there were 18 local program sites. The cost-efficiency per individual varied from about $65 to more than $1,000. The cost-efficiency per service contact varied from less than $10 to more than $100. These numbers need to be interpreted carefully. Some sites were serving smaller communities with fewer students; others were involved primarily in case management activities, working with families of great need. In these cases, the cost-efficiency ratios would tend to be high ("low efficiency"). On the other hand, some sites were primarily involved with health services, which tend to yield lower cost-efficiency ratios ("high efficiency"). Finally, regarding cost-efficiency per service contact, there may be some variation in how different sites determine whether a "contact" has been provided. Therefore, high cost-efficiency ratios do not necessarily imply inefficiency, and low cost-efficiency ratios do not necessarily imply efficiency.

Cost-effectiveness is based on the same cost figure, but rather than use outputs, it focuses on outcomes, such as the number improving their attendance or GPA. For example, the number maintaining good attendance or improving their attendance (to 10 days or fewer absent) was 9,456 in the SBYSP in 1997-1998. The cost-effectiveness based on this particular outcome would be $884.20 ($8,360,961 ÷ 9,456). Although in theory it is good to focus on cost-effectiveness, there are several disadvantages to this approach:

FIGURE 5.7. Adapted and Modified "Expanded Systems Model"



SOURCE: Martin and Kettner (1996).

- Typically, many different outcomes are considered in the evaluation of collaborative services programs, which yield many different measures of cost-effectiveness.
- Measures of cost-effectiveness will often be biased upward due to nonresponse or missing records.
- Measures of cost-effectiveness are difficult to interpret, except in comparison with those of competing programs.

Although we prefer cost-efficiency to cost-effectiveness as a quantitative indicator for program accountability, we take an "effectiveness perspective" in our approach to the evaluation of collaborative services programs (Martin & Kettner, 1996). In other words, we focus on performance on various outcomes and use these results to inform funders and stakeholders regarding input needs (see Figure 5.7). The demonstration of good performance on outcomes can help drive program expansion. Pinpointing program weaknesses (poor performance on outcomes) can help to redirect funds where they are needed and can do the most good.

NOTES

1. This could occur if some of the students transferred into the district from out of state, were in a school or grade where no GPA data were collected, or dropped out during either of these years and failed to complete their courses.

2. More complex definitions incorporating an acceptable level are possible. For example, one could compute the gain score (absences in previous year minus absences in current year) and define members of the "maintained/acceptable" set as "improved" if their gain score was greater than 1.

3. When the number of values is odd, the median is the middle number; when the number of values is even, as in this case, the median is defined as the average of the two middle numbers. In this case, $n = 18$, and the two middle numbers are the 9th and 10th numbers in the list (4.7 and 4.8). The median is thus $(4.7 + 4.8)/2$ or 4.75.

4. For example, it was found that students at low risk had the lowest percentage dropping out, and students at high risk had the highest percentage dropping out in 1993-1994. Because having previously dropped out of school is one of the factors contributing to risk, this result was expected and provides one piece of evidence regarding the construct validity of the risk assessment instrument.

5. In EASY (a system developed for FileMaker Pro), for example, (1) would be obtained by performing a "Find" and entering "L" (for low) in the "Risk" field and "0 . . . 25" in the "Total service contact" field, and (2) would be obtained by also entering ">(earliest date of entry in current year)" in the "Date of Drop" field. (For example, the earliest date of entry might be 6/30/97 for the 1997-1998 school year, so enter ">6/30/97" in the "Date of Drop" field.) Then click on the "Find" button. Check to make sure that the students found did not reenroll and stay in school after dropping out. Similar procedures are used to access the data for steps (3) and (4).

6. In most cases in which the results of statistical tests are reported herein, the statistical package StatXact (CYTEL Software Corporation) was used to compute exact p values.

7. The database subset sizes or *ns* were 1,715 (high risk/0-25 contacts), 659 (high risk/more than 25 contacts); 1,441 (medium risk/0-25 contacts), 493 (medium risk/more than 25 contacts); and 4,822 (low risk/0-25 contacts), 334 (low risk/more than 25 contacts).

8. It may be noted that the dropout rate among program participants (6.2%) exceeds the median dropout rate among schools served in the 18 sites. Although the SBYSP is open to all students, it serves a disproportionate number of at-risk students. In fact, nearly half (47.4%) of the students participating in the SBYSP in 1995-1996 were classified as medium or high risk. Because dropping out of school is one of the risk factors, it should not be surprising that the program dropout rate exceeds that of schools served. The key is that both of these rates were lower in 1995-1996 than in the previous year.

9. A critical factor in our assessment of student risk is "committed criminal acts"; noncritical factors include "committed delinquent acts" and "gang membership." Other (noncritical) factors in our risk assessment instrument that are associated with delinquency include poor attendance, repeated suspensions, and repeated tardiness; dropout or expelled; experienced repeated school failure (low achievement, low grades); substance abuse by self or family member; and family dysfunction or youth's needs are not being met by the family. It is hypoth-

esized that *risk* is associated with *delinquency*—higher levels of risk correspond to higher levels of delinquency.

10. Statistical procedures such as repeated-measures ANOVA (using GPA or attendance for the 3 years) or the test of marginal homogeneity for ordinal data (using GPA or attendance outcomes for the two biennial periods) can be used to assess progress over this 3-year period.

11. *Contact* is any interaction between staff and youth or family members on a group or individual basis to deliver a service. *Service* is an action to help and includes intake processing.

Outcomes Evaluation II

Evaluating Program Results Using Qualitative *Data*

Recall that our goals, outcomes and process measures, and assessment instruments and methods have been charted in Table 4.1 of Chapter 4. Goal attainment is measured using process and results information, as indicated in Table 1.1 of Chapter 1. In this chapter, we focus on *qualitative* results information for outcomes evaluation—information that is often holistic, multidimensional, and nonquantifiable. For example, a young family had been homeless and received a variety of services from Iowa's School-Based Youth Services Program (SBYSP) over a 4-year period. By the fourth year, all but the youngest child were "enrolled in educational programs" and were beginning to be "successful" in school, and the mother had developed "budgeting skills" and was becoming "increasingly independent" (Veale, 1995).

Qualitative data include information about the impact of the program on students and families obtained from open-ended survey questions, case studies, personal interviews, and focus groups. In its pure form, this information is not numeric, so it is more difficult to combine or analyze statistically. Some researchers denigrate qualitative data because they cannot provide statistically precise results. However, qualitative data can be valid and useful for evaluation and can access different aspects of the effectiveness of the program—what we call the "human dimension." Recall the story about Robert in the Tools for Outcomes Assessment and Evaluation section of Chapter 1. Learning about this student's family situation helped us to understand why he missed so many days in the previous semester and why the targeted services helped him to improve his attendance in the next semester. Here the qualitative information on the family provides a human context for the otherwise purely quantitative result on attendance, giving the result added dimensionality. Qualitative and quantitative data together provide a much more balanced and powerful view of the program than can be obtained by focusing exclusively on one or the other.

The Need for Qualitative Data

Local school boards, advisory committees, and the general public respond to emotion. The latest brain research indicates that our performance in daily life is probably more dependent on our emotional control systems and interactions with people and the environment than any other factor. We often let emotion dictate decisions over intellectually processed information. Also, many people who are not quantitative minded rely on means other than statistics such as observation and listening to develop understanding. Therefore, we can establish more insight and support by considering how to (a) introduce emotion into accountability measures and (b) accommodate non-quantitative-minded individuals. We suggest the use of case study, focus groups, and individual interviews in collecting and reporting accountability information.

Often, our data collection systems are flawed in that they do not and often cannot adequately measure or account for the highly variable backgrounds of children and families. It is not unusual to find children and families caught in a myriad of problems that influence behavior and performance. Multiple measurements are necessary to accommodate this diversity. Case study, focus groups, personal interviews, and open-ended questioning in surveys represent alternative measurement and reporting processes that complement other measurement processes by capturing information not otherwise attainable. In particular, case study accommodates diversity by focusing on the individual or family as the unit of measurement. Progress can be identified and reported against the total number of factors affecting performance. It allows the element of emotion to be included in accountability because the complete story regarding an individual or family is identified and communicated. Feelings, attitudes, behaviors, and the underlying reasons for them can be documented along with all the problem influences. The case study can document the overwhelming odds against a family's succeeding, within generally expected performance guidelines. This documentation provides the sense of reality that a small gain for one individual may be a huge gain for another depending on the individual and family situation. Therefore, small gains can be accounted for concurrently with other broader measures. More accurate accounting of progress can be attained, and personalization of the information can occur.

Focus groups and individual interviews allow for the broad inclusion of all citizens. Language barriers and cultural differences can be accommodated. In addition, the specific expertise or viewpoint of some individuals and groups can be isolated for specific study and consideration. Reading barriers due to lack of education, small children, disabilities, and lack of language acquisition can be overcome. Moreover, focus groups and individual interviews provide for lengthy responses, allowing for total clarification regarding the intent of questions. Focus groups can produce a synergistic response among participants that is greater than the sum of what would be obtained from individual interviews (Stewart & Shamdasani, 1990). On the other hand, individual interviews may be more effective with shy or animated participants (e.g., young children).

Samuels, Ahsan, and Garcia (1998) identified focus groups, key informant interviews, and open-ended questions on surveys as means of obtaining and reporting qualitative information. Each process provides information allowing beliefs, attitudes, and emotions to be expressed and documented. Their publication represents a valuable resource of basic "how-to" processes for analyzing community needs and disaggregating information to study diversity. Regarding quality service delivery, the publication includes information on how to identify barriers to service delivery and perceptions of how services are delivered.

Case Studies

According to Yin (1989), a *case study* is an empirical inquiry that investigates a contemporary phenomenon within its real-life context where the boundaries between phenomenon and context are not clearly evident. Moreover, it uses multiple sources of evidence. These include documentation, archival records, interviews, direct observations, participant observation, and physical artifacts. An example of a "phenomenon" might be the success of a student in getting to classes, dealing with an eating disorder, or gaining work experience. *Context* might be the specific family situation of that student (e.g., a parent or sibling with a substance abuse problem).

We have found participant observation, documentation, and archival records especially valuable sources of evidence in case studies in the SBYSP. The participant-observer is usually a case manager or project coordinator who has intimate knowledge of the student or family in question. Documentation such as case notes and archival medical, academic, or employment records may be quite useful in constructing a case study.

The finished product of a case study is basically a story about a subject (e.g., a student) that should possess the following characteristics (Yin, 1989, pp. 146-151):

- *Significant*, addressing underlying issues that are important to the audience
- *Complete*, in terms of examination of context, collection of evidence, and an absence of constraints on time and resources
- Consider *alternative perspectives* (e.g., rival hypotheses to that of a direct program effect)
- *Display sufficient evidence* to convince the reader that the author has an intimate and detailed knowledge of the subject (e.g., student or family) in question
- *Composed in an engaging manner*, with clarity and a "seductive" style that encourages the reader to continue reading

In addition, in collaborative services programs, we like to see case studies with a *long-term focus,* rather than case studies in which the subject was involved with the program for only a short time. What we often see in such programs for at-risk students and families is that their situations get worse before they can get better. For example, students may worsen in terms of attendance, academic performance, or even health during their first year. But during the second year, their health improves, and they are able to stay in school; during the third year, attendance and even performance may improve.

EXAMPLE: A Case Study Involving Long-Term Family and Employment Services

Initial contact with this family began in the fall of 1994. This is a low-income single parent raising three children. Attendance was a concern for both twin girls in high school and a son in middle school. They were discussed at a local SBYSP team meeting, and it was decided that the family development specialist (FDS) of a community action group would complete a home visit. This was done, but at this visit, the family was not open to receiving help and declined services.

The children continued to have attendance problems. The local SBYSP program director then made contact with the mother, and she agreed to receiving a ride to the high school for a meeting. They had indicated that they needed a ride because they had transportation problems.

Problems Diagnosed and Initial Attempts to Resolve Them

At this meeting, some of the local SBYSP staff and a high school administrator met with the mother and two daughters. School schedules, truancy, and social concerns were discussed. As a result of expressed needs, the two girls' schedules were modified. One of the girls was referred to the local SBYSP mental health counselor, and bus passes were provided for the girls so they could catch a ride to and from school. Although these modifications, services, and referrals were made, the family was reluctant to follow through with the plan. The FDS and program director continued to make contact with the girls and mother, but little change occurred in their attendance.

A multidisciplinary team meeting was called by the Department of Human Services in collaboration with the local SBYSP. During this meeting, it was reported that the mother was being treated by a psychiatrist for a personality and bipolar disorder. One daughter ("Twin 1") had been hospitalized for an overdose in the past. All three children were not attending school, and problems with the law persisted for all family members, including the mother.

A decision at the multidisciplinary meeting relative to this family was made to continue pursuing truancy charges and continue to make services available for the family. During October through December, the FDS continued to attempt to meet with the family and did complete visits on a couple of occasions. The girls' attendance remained very sporadic. Both girls eventually failed all of their first-semester classes because of poor attendance.

A Second Series of Interventions With a New Specialist

When second semester began, the girls did not return to classes. At the end of January, there was a transition from one FDS to another FDS within the same agency. When the new FDS began, she was asked to make a home visit with this family and try again to get them back to school. It was also at a time when truancy charges were being pursued. When this family was approached this time, they were ready to receive services and return to school. (They did not appear interested in receiving help prior to this.)

The new FDS met first with the mom and gained her support in getting the girls back in school. The *joining process* is the critical step in gaining the confidence of the family so they are willing to be honest with you about their issues. They began by looking at the positives and listing the strengths of each family member. They also discussed what the mother wanted for her children. This led into listing barriers to achieving these goals and looking at what the family was willing to work on or change to make these things happen. This, in turn, led to gaining a commitment from the family, filling out plan sheets, and letting the family know what they could receive by being a part of the partnership in making progress. The idea of partnership was stressed to the family at this time. The responsibility of making progress was placed on the family. It was understood that they would have frequent contact with the FDS as a resource in helping them meet their needs. Also, it was made known to them that additional services from the local SBYSP would be available to them.

Transportation continued to be addressed by the school district, which supplied the girls with city bus tickets. The girls were taken into the counselor's office to discuss their schedules. They were scheduled into the Job Training Partnership Act (JTPA) class during first hour to help prepare them for the world of work and help us monitor their attendance. The two sisters were also scheduled into a "School Within a School" English 9 class. This course is team taught by a local SBYSP staff person and a regular education English teacher.

The family made a commitment to continue their work with the FDS by entering into case management. This meant that they would make regular contact with the FDS to continue to work on issues so the children could be successful. The follow-up was done immediately.

The FDS sent notes to the girls in class to give them positive support and feedback on being in school. An attendance contract was signed right away to give them incentives to get them back on track. This contract worked, and the girls and their mother were taken out for pizza. This was a success for the mother as well because previously she would call in for the girls even when it was not appropriate. The relationship and trust between the FDS and the family continued to grow. This was essential to keep the family engaged in working on issues and barriers. The girls began writing plan sheets biweekly to keep focused. Some goals addressed schoolwork, and other plans were more personal regarding behavior. The mother kept her appointments for home visits and, because of her mental disabilities, required a lot of prompting from the FDS to follow through with her own objectives. The mother currently is applying for supplemental security income (SSI) and is working on other issues. The family continues to receive counseling, and the mom continues to take medication pertaining to her mental illness.

Twin 1 was 3 months pregnant when she returned to school. She was told about the positive parenting class available at the high school through the local SBYSP, and she enrolled in that class. She was also directed to other services available in the community by the FDS and teen parent coordinator. Some of these programs include the Women, Infants, and Children (WIC) program and Maternal Health Care.

In listing strengths with the mother at a home visit, Twin 2 was identified as having strong leadership skills. With the help of the FDS and JTPA, she was enrolled in a youth leadership group where she remains active.

To date, this family continues regular contact with the FDS and JTPA, as well as other local SBYSP staff. Twin 2 is preparing to take a summer school class to help her catch up on credits missed first semester. Twin 1 is preparing for the birth of her baby. The son will continue working on home schooling through the summer in the hope of completing enough work to be passed on to the next grade level by fall. The mother is currently in the process of applying for disability.

Indications of Success

The twins experienced success during the 1995-1996 school year. They used a variety of services throughout the year. Twin 1 was enrolled in service learning for one semester during the 1995-1996 school year. She was a peer helper in an adaptive PE class. The supervising teacher reported that she was attentive and kind to the students. The twin indicated in her journal that she had gained respect and understanding for students with disabilities. Her attendance, however, was not as regular as it was for the other peer helpers. When she was there, her performance was satisfactory, and the students and teacher liked her very much.

Both twins were successful participants in School Within a School classes in the fall 1995 semester. Their attitude and work were exemplary, and both were positive contributors to the class. Although Twin 1 experienced some attendance problems due to child care issues, she always was mindful of her makeup responsibilities. She sought out the School Within a School teacher for her work and got it done. Twin 2 demonstrated nearly perfect attendance and did thorough work throughout the semester.

Twin 2 has made tremendous progress this school year in academics, attendance, and future plans. Academically, she made the honor roll for the first time ever the first semester. She was very proud of this and continued to work hard on her studies during the second semester. In attendance, she reduced her absences to 13 days this school year—a dramatic decrease in absenteeism. There were days when everyone else in her home slept in, but she woke up and got off to school alone.

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During this school year, Twin 2 was taken off probation and completed her community service hours by volunteering at the local hospital. She continues to work hard to prepare herself for college. She was a member of a leadership group in which she looked at her values, her dreams, and herself. She continues to learn about the many strengths she has and how to build on them. She was the one who assisted the FDS in seeking funds for rent when they had no money to pay the landlord.

Twin 1 has had more challenges because she is now a parent. Child care was a barrier at one time. In working with Promise Jobs, she was able to write her own family investment agreement, which then provided her with funds for child care.

This past year, Twin 1 has developed strong problem-solving skills. She has demonstrated this by talking through situations and looking at different options and the consequences of the choices she has made. . . . In addition, she has long-term goals that include attending college and the police academy and going into civil service.

She also improved academically, making the honor roll for the first time the first semester. Due to her and her child's illnesses, she has missed more school than her sister but has done very well compared to her attendance last year.

This past year, Twin 1 has developed strong problem-solving skills. She has demonstrated this by talking through situations and looking at different options and the consequences of the choices she has made. She strives to do her best so she can be the parent she wants to be for her daughter. In addition, she has long-term goals that include attending college and the police academy and going into civil service.

These two young women (the twins) have overcome some very strong barriers this past school year. They were homeless for several months during the school year, but they overcame those barriers and others to become very successful.

Case studies should be assessed by the aforementioned characteristics. These characteristics are summarized in a tabular checklist in Table 6.1 for the above case study.

Note that we did not claim a direct cause-and-effect relationship between the services and outcomes in the above case study. However, there is a plausible *association* between services and outcomes. This situation is characterized by multiple and varied services, the possible influence of outside factors, a diversity of outcomes, a "distance" from services to

TABLE 6.1 Assessment of Characteristics of the Case Study Involving Long-Term Family and Employment Services

Characteristics of Case Study	*Assessment of Case Study*
Significant—addressing underlying issues that are important to the audience	Deals with children who need help in remedying school absenteeism and other problems
Complete—in terms of examination of context, collection of evidence, and an absence of constraints on time and resources	Includes an examination of the context of the student's family and substantial evidence from multiple resources regarding the process of change and outcomes, gathered over a period of at least 2 years (long-term focus)
Alternative perspectives—for example, alternative explanations to that of a direct program effect	No direct cause-and-effect relationship between services and outcomes was claimed
Display sufficient evidence to convince the reader that the author has an intimate and detailed knowledge of the subject (e.g., student or family) in question	Written by the family development specialist who worked directly with the subject (with minor editing by the project director and research consultant)
Composed in an engaging manner, with clarity and a "seductive" style that encourages the reader to continue reading	Human interest story of young people overcoming obstacles and achieving success in life; breakout into sections helps readability of a somewhat lengthy study

outcomes (in time and space), and an active role taken by the client. Outcomes are not produced directly *by* the program; they *emerge* when conditions are ripe for the client, who participates actively in the change. The program may *contribute* to the change in the client, which in turn leads to the desired outcomes. But it would be misleading and simplistic to think of the program as having caused the outcomes (Kibel, 1999).[1]

Focus Groups and Personal Interviews

A *focus group* is defined as "a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, nonthreatening environment" (Krueger, 1994, p. 6). It may be repeated several times with different people (e.g., with a sample of high school students, middle school students, and the parents of each). It is a valuable evaluative tool that allows professionals to see reality from the *client's point of view.* It complements the case study in that although the case study may provide a "picture" of the client's progress over time, the focus group provides the subtle shadings of feelings and attitudes about this progress—from the client herself or himself.

The Moderator(s)

A focus group requires one or more moderators. The moderator is in charge of planning the group discussion and keeping it "on track." A moderator should be someone who has the following characteristics:

- Able to make the participants feel comfortable discussing their feelings and opinions about the program and its impact on them
- A good listener and observer—one who is able to "read" the participants for both factual information and affect (feeling), including nonverbal or "body" language
- Not aggressive or "preachy" because it is her or his job to hear the story of the participants, not tell her or his own
- Capable of conflict resolution, in case some of the participants do not respect others' points of view
- Relationship oriented—one who likes people and is nonjudgmental, sensitive, and trustworthy
- Complements other moderators in terms of working well together

When two moderators are used, gender balance (one male, one female) may be appropriate. It may be that boys will relate better to the male moderator and girls will relate better to the female moderator, or vice versa, in some cases. In some communities, it may be appropriate to try to achieve racial balance as well. This also means that there will be two people taking notes, thus gaining a second perspective on the group. When one moderator is used, it is recommended that an additional note taker be present. To further ensure accuracy, an audio recorder (or video recorder) could be used. This should be done *only* if its use is acceptable to *all* participants. A positive appeal (e.g., "We value your opinions and don't want to miss anything . . .") prior to requesting their permission may be useful in gaining their confidence in this regard. In addition, assure participants that all information they provide will be strictly confidential.

Size of the Focus Group

Traditional focus groups range from 6 to 12 participants, plus one or two moderators. However, smaller focus groups (4-6 participants) have been used. Small groups (4-6) provide a greater opportunity to share ideas but will likely yield less diversity of ideas than a larger group. Krueger (1994) says that a focus group "must be small enough for everyone to have opportunity to share insights and yet large enough to provide diversity of perceptions" (p. 17). We have found that the smaller size generally works quite well with collaborative services program participants.

Selection of Participants

Participants may be selected at random or systematically. We recommend systematic selection—at least for an initial "pool" of potential participants, from which a random sample could be drawn. Candidates should include those who are able and willing to communicate orally in a small group setting and have been in the program long enough (with sufficient involvement) for it to have made a difference. ***Representation*** is more important than randomness in focus groups. Both genders, all levels of student risk, and all ethnic/race groups should be included in the group.

Ground Rules for Focus Groups

We have developed a set of ground rules for conducting the focus groups. These rules should apply to both the moderator and the student participants:

- Be respectful toward each other.
- Be nonjudgmental regarding opinions.
- Keep participants' testimonies confidential.
- Establish a time limit.
- Don't interpret participants' views; just record what they say.[2]
- Allow the opportunity for *all* to participate.

Others may be added to the above list. The key is to establish these ground rules and adhere to them during the course of the focus group.

Question Format

We recommend a "funnel approach," starting with broad, factual, nonsensitive questions followed by more narrow and specific questions that may inquire into participants' feelings about sensitive issues (Stewart & Shamdasani, 1990). This helps to put the participants at ease and is more likely to yield useful information, especially when some of the questions are sensitive or "personal."

An example of such a funnel approach to questioning is the following format, used in the SBYSP in various local programs in 1993 and 1995 (Veale, 1995), including the SUCCESS Program addressed therein:

- "Would each of you please introduce yourself? Give your name and tell a little about yourself."
- "When did you first enter the SUCCESS Program?"
- "Thinking back to when you first became involved in the SUCCESS Program, what were your feelings about getting help? What kind of help did you get?"
- "Has the SUCCESS Program staff helped you to do better in school? How has it helped you?"
- "Are you healthier now? Are you happier now?"
- "Where would you have gone for help if there was no SUCCESS Program?"
- "How have you been treated in this program?"
- "If a friend of yours needed help, would you recommend the SUCCESS Program?"

Note the trend from broad, factual, nonsensitive questions to more specific, attitudinal, (possibly) sensitive ones. It is important to develop the questions prior to administering the focus group, making sure they are truly *focused* and are organized according to the funnel approach. Moderators should practice asking the questions and think about difficult situations that could arise and methods for surmounting them.

Finally, note that at least one of the above questions ("How have you been treated. . . ?") provides the opportunity for direct feedback regarding customer satisfaction. Responses to this question may be compared with responses on the student survey questions dealing with customer satisfaction (e.g., "Did the staff person respect you?") discussed in Chapter 4.

Focus Group Tools

The following tools are useful in *conducting* focus groups:

- Notepad and pen or pencil for each moderator

- Cassette tape recorder and a high-quality microphone (use only if all participants consent)
- Video recorder (use only if participants feel comfortable with it and all consent to it)
- Flip charts (for summarizing responses and to allow participants to view what is recorded and to make any revisions)
- Registration form to secure background information on participants

The following tools are useful in *analyzing data (responses)* from focus groups:

- Tape player (variable speed preferred)
- Transcripts of the focus group discussion
- Word-processing software (to move data around, search for key phrases or words)
- Scissors, marking pens, and a large table or area (for manually reordering data in transcripts and making notations)

Tips

One of the difficulties often encountered in focus groups is getting the conversation going. Although talking in groups is fairly natural for most people beyond a certain age or development, talking with a moderator within a structured format and with individuals—at least some of whom they do not know—is not natural. The introductions help to familiarize group members with each other. Beyond that, "small talk" just before the focus group begins can help to put the group participants at ease. In addition, eating together (e.g., pizza) can help to "break the ice."

Small children (early elementary age) can be difficult to work with in a focus group. They tend to be easily distracted and thus not sufficiently focused on the questions. In some cases, one-on-one interviews with young children may work better than a group session. It is often desirable to bring in parents of young children for a focus group. This could follow the focus group or personal interviews of the children, at which time the children could be engaged in supervised recreation activity and possibly eating together (e.g., pizza). Day care for other children of parents participating in the focus group should be arranged and paid by the program.

Shy participants can also be challenging. We suggest smaller focus groups (4-6 participants) for such participants if their shyness is known in advance. In addition, the use of pauses, probes, and direct eye contact have been found useful in getting shy participants to "open up." The dominant talkers and "ramblers" provide an opposite challenge. With these participants, one should withdraw eye contact, use (negative) body language, and encourage *others* to talk. It may be necessary to politely interrupt such a participant and indicate that it would be helpful to "hear from some of the others on this point."

Data Analysis and Presentation of Results

Entire books have been written about this aspect of focus groups (e.g., Krueger, 1998). Analysis of focus group data can vary greatly in sophistication among investigators. We have found a combination of a "note-based" and "tape-based" analysis to work very well. The authors recommend that the moderator be someone other than one of the investigators/evaluators. An "outside person" can be more objective in the initial data collection; ceteris paribus, the result should be greater accuracy of data. In addition to listening to the tapes and reviewing the notes of the moderators, the evaluator should get together with them after each focus group (if possible) and after reviewing the materials, perhaps just prior to writing up the results. Often, a moderator can provide a nice encapsulation of each focus group, which can be presented in the form of a table or list. In some cases, the moderator can provide a complete written transcript and her or his own set of tentative conclusions (e.g., Veale, 2000). Specific data in this transcript may be further analyzed by the investigator or evaluator. However the analysis is done, it should be systematic, verifiable, and intellectually honest (seeking alternative explanations) (Krueger, 1998).

Tables of findings (in words), bulleted lists, and brief stories or testimonies may be quite useful in summarizing data from focus groups. In addition, statistical methods such as bar graphs can be used to summarize the frequencies with which various key points were made or phrases used; for example, one could graph the number of students who indicated they were helped with their drug problems, eating disorders, self-control, and so on. A specific example using percentages is given in the next section. Finally, if space is available, stories related by the students could be included. This can provide a more detailed picture of the student or family making progress, perhaps with assistance from one, two, or more agencies collaborating to provide services. This can be a very powerful, emotional, personal vision of program effectiveness. An example of a write-up of a series of focus groups conducted in Des Moines and Marshalltown, Iowa, in 1995 is presented in Display 6.1 (Veale, 1995).

Use of Focus Group Data to Validate Information Obtained by Other Means

Finally, the focus group gives the evaluator a way to validate or cross check information that may be collected by other means, such as a survey. For example, one of the questions we ask in the student surveys is, "Do you like young people of another race or color?" Another way to measure this outcome dealing with cultural comfort level is via the focus group question: "If you could pick four friends from the Activities Program . . . to take swimming with you, whom would you pick?" This question was

DISPLAY 6.1. Summary of Findings From Focus Groups in Two Local SBYSPs in Iowa in 1995

Based on notes taken by the moderators and the audiotape, the following is a list of issues with which students indicated the SBYSP was helping them:

- Deaths in the family
- Family member in hospital
- Problem within the family or extended family (stepfather)
- Homework and test-taking skills
- Self-esteem
- Personal trust
- Girlfriend/boyfriend problems
- Eating disorders (primarily, bulimia)
- Drug abuse
- Accountability; responsibility for their life and actions
- Self-control (anger management)
- Talking about feelings
- Meeting (new) friends
- Stress (e.g., pressure to get good grades)
- Taking them and their problems seriously
- Health issues
- Job skills; academic credit for work on a job

Two testimonies of high school students illustrate the approach of one SBYSP (the SUCCESS Program) to behavioral problems:

Testimony 1: A young woman would make excuses to stay home from school. Her SBYSP case manager would call her at home to check up on her and make sure that she had a good reason for staying home. One day, the student made an excuse to stay home so she wouldn't have to take a final exam. The case manager found out and *came over to her house, got the key to her room from her mother, got her out of bed, and took her to school.* She took the final in her pajamas (!), passed it, and did well in the course. This illustrates the "no games" attitude of the SBYSP staff and the insistence on accountability.

Testimony 2: A young man just wanted to "party through life" when he turned 16. He planned to drop out of school and pursue his "goal." His SBYSP case manager took him aside and asked, "How are you going to do this?" Because the young man was not planning a life of crime, this question made him think about issues such as earning a living and the need for education. He remains in school and has a much better attitude toward it. This illustrates an approach called "Socratic therapy" that emphasizes questions (not preaching) and offers choices, followed by support if the choices the student made were healthy ones.

Parents: The parents of the elementary students in Des Moines indicated that they were taught how to access and use resources (e.g., food stamps and legal help), helped others and volunteered for the SBYSP, and used the SBYSP staff member as a mediator when attending special education or general education conferences. The SBYSP provided support and acted as a "go-between" to better communicate parents' needs.

included in a focus group conducted with elementary students in the afterschool and summer activities components of the Drug and Violence Prevention Program at Woodbury Elementary School, a collaborative services program in Marshalltown, Iowa (Veale, 2000).[3] Focus group participants were given note cards and asked to write the names of friends they would choose. Then the names were checked against student records to determine the ethnicity/race of each person (a) in the focus group and (b) listed on the note cards. If a focus group member lists at least one person of a different ethnic/race group than herself or himself, a positive outcome is recorded.

The percentage of positive outcomes on this focus group question may then be compared with the percentage of positive assessments on the survey question. In 1999-2000, this yielded 9 out of 14 participants or 64.3% who listed at least one person of a different ethnic/race group that they would like to take swimming with them. This compares with 90% who responded positively to the survey question.[4]

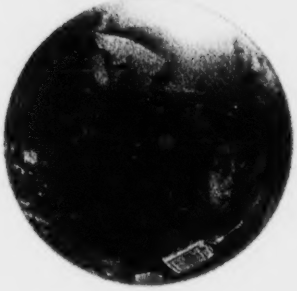
NOTES

1. A more formal approach to case studies, called *results mapping*, involves "mapping" the stories into "hard data" so they can be analyzed more systematically and statistically. Software is available to facilitate this process (Kibel, 1999).

2. This refers to the focus group *session*; however, during the analysis and reporting phases, interpretation may be considered appropriate.

3. This program was cited by the state of Iowa in 1998 for "best prevention practices" and is a collaborative of the Caring Connection, the SBYSP in that community.

4. The survey question used in this program was slightly different from that used in the student surveys in the SBYSP: "Do you have friends of a different race than you?" and, if yes, they were asked whether they had more (friends of a different race) now than before, the same number as before, or fewer now than before. Moreover, this survey was conducted through an in-person interview, rather than via questionnaire.



Local Utilization of Evaluation

Although funding for school-based programs may come from a variety of different sources, there will always be some type of local investment for which the program must be accountable. This local investment comes in the form of the entity designated to manage grant dollars, staff who are hired to implement the program, community stakeholders who developed the original vision for the program, and the students and parents who put their trust in others to help them reach a goal or manage a difficult situation.

Definite expectations for reporting evaluation information are communicated by funding sources. During the early planning stages for grants, a great deal of time and thought are given to how process and outcome data will be gathered and reported. This can be the most challenging part of the grant application because applicants are aware that future funding from this source can depend on demonstrating that certain outcomes can be achieved through the proposed methods. There is also a great flurry of activity at the end of the grant period as data are gathered and analyzed to report back to the funding source in the hopes of securing continued funding.

Time must be spent considering what the local stakeholders would like to know about program successes and outcomes. By *stakeholders*, we mean anyone with a stake in or who might be affected by the results of a program evaluation (e.g., students who participate in the program and their parents, program directors or coordinators, program staff, local supporters and contributors, and collaborators). It could also include members of the community who may be indirectly affected by an evaluation that, for example, demonstrates improved productivity of their youth and a reduction in juvenile delinquency and crime, which can contribute to an enhanced quality of life for the whole community. Through their support of the local economy via property, income, or sales taxes, they also have a stake in the program and the evaluation thereof. Dialogue among such stakeholders (or their representatives) can help to determine how to communicate program successes and outcomes for maximum impact.

Effectively communicating progress toward program outcomes and using data to strengthen the program must be given equal importance, or the task of collecting such information becomes meaningless. Evaluation that is meaningful and communicated at all levels must be an integral part of the collaboration to build belief and enthusiasm for sustaining the program. Meeting only the needs of a distant funding source will not build commitment from program stakeholders. Information reported on a statewide basis will not reflect the unique strengths and needs of the local program. An effective evaluation system will provide data that are meaningful to specific communities. EASY/2EASY and other instruments in this publication provide a structure and methodology for such an evaluation system.

Diagnosing Areas That Need Improvement

This is probably the area that has caused many to break into a cold sweat at the mere mention of the word *evaluation.* We are not taught to value "needing improvement" as an opportunity for growth or learning about why something didn't work. We typically respond to "needing improvement" as "we have failed." If something is not working, it is important to discover why it is not working and make changes so that the desired outcome is achieved. Some have defined insanity as "doing the same things over and over again and expecting different results." We cannot afford to repeatedly invest in strategies that don't work or have minimal results at great cost. Diminishing resources make it necessary to invest in those things that truly have an impact on improved outcomes. However, it is important to have a program environment where experimentation and innovation are encouraged. Some degree of failure must be acceptable to find and put together all the pieces that can make a difference.

An effective evaluation system will not "punish" a program because areas can be strengthened or because an idea did not have the intended results. An effective evaluation system will encourage critical self-examination and experimentation with new ideas. It will provide opportunities for reflecting on the effectiveness of different strategies through objective analysis of data and the input of those involved with delivering or receiving services. Stakeholders may become suspicious if the only information they receive involves successes. An open discussion, where stakeholders are allowed to express their opinions, creates trust at many levels. Stakeholders can be encouraged to come together and dialogue about the "experiments" they tried, what they thought worked, what didn't work, and why such attempts might not have succeeded. The necessary ingredients for diagnosing areas that need improvement are prioritizing time, being inclusive, allowing participants to express their opinions without being judgmental, and asking for ideas about modifications and ways to improve. The program development log is one mechanism for documenting self-examination and experimentation in the program so that successful strategies may be shared with other programs. (See Resource I for a summary of development logging in Iowa, an example of participant input.)

A self-review and third-party review system (Resource G) has been implemented in school-based programs in Iowa in a manner that supports continuous evaluation and improvement. The format allows staff involved in programming to be open to identifying and discussing program strengths and weaknesses. Furthermore, when outside teams visit the site, it offers an opportunity to begin a dialogue about areas of concern and to receive expert advice from those who have access to different resources. The review is developed around the specific program goals and is truly a method for providing a "helping hand," rather than a setup to "shake a finger" at a program for noncompliance.

The Importance of Building Trust

The success of the effort to use evaluation results that indicate a need for improvement depends on many factors (e.g., the "culture" of the organization, its systems and structures, program leadership, communication, and trust). The most basic of these is trust, which sadly is often lacking in our work experiences. For example, Westbrook and Veale (in press) found that employees in various organizations in Iowa indicated that they would be increasingly less comfortable dedicating work time to learning activities when individuals of higher occupational status entered their workspace. In a learning organization with a high level of communication and trust, employees should feel comfortable engaging in self-directed, job-related learning during work.

Evaluation results, especially those showing the need for improvement, will be less threatening to organizations that foster trusting relationships and more likely to be put to productive use in such organizations. Many factors or conditions can facilitate trust in an organization (see Table 7.1, left-hand column). To the extent these conditions are present in an organization, that organization will be less "political" and more "open." Such an organization will be more conducive to developing trust (Preskill & Torres, 1999). Our approach to assessment and evaluation can facilitate these trust-building conditions, as indicated in Table 7.1 (right-hand column).

According to Daniel Goleman (1995), one of the things that distinguishes the most effective people in organizations is their ability to *network* with key people to get work done. He lists three varieties of informal networks: communication "webs" (who talks to whom), expertise networks (which people are turned to for technical advice), and trust networks (which people are turned to with sensitive information). An office tyrant or controlling micromanager may be high on expertise but so lacking in trust (and trustworthiness) that he or she becomes excluded from the informal networks of peers and subordinates. The "stars" of an organization are those who have "thick connections" on all networks (Goleman, 1995). In evaluation—especially when there is a need for

TABLE 7.1 Trust-Building Conditions Facilitated by Our Assessment/Evaluation System

Trust-Building Conditions	*Facilitation by Our Assessment/Evaluation System*
Consistent application of principles	Consistent use of definitions, instruments for data collection, and statistical methods
Explanations for actions taken	Decision making (action) about program based on results from evaluation (e.g., customer satisfaction survey questions)
Realistic commitments made by leaders	Evaluation reporting used to elicit support for the program; commitments based on support generated
Individuals' knowledge and expertise being shared and celebrated	Effective teamwork practiced; involves sharing information and knowledge
Protection of the interests of people who are not present at meetings, conferences, and so on	Effective teamwork practiced; requires protection of the interests of all members of the team
Employees being informed about the organization's status and initiatives (e.g., via status reports)	Evaluation-oriented newsletters and other communication tools used to provide information about program status and initiatives
Mistakes and failures being seen as opportunities for learning—employees are not punished	Learning from mistakes and failures supported via working evaluation model; emphasis on the concept and principles of a learning organization
Opportunities being provided for employees to give and receive feedback	Working evaluation model involves feedback from customers, agencies, schools, and staff (e.g., during third-party reviews and self-reviews)
Action resulting from feedback	Results of evaluation used to encourage and direct dialogue between schools and agencies regarding community needs and program effectiveness; this, in turn, influences funding and resources

NOTE: Compare with Preskill and Torres (1999).

improvement in a program—communication and expertise networks are needed but may be insufficient if trust is lacking.

Diagnosing Strengths to Be Marketed and Taught in Other Program Sites

Everyone likes to talk about their program's strengths. Although this is a pleasant undertaking, it is also part of a process that is very complex and ongoing rather than completed only one time at the end of a funding cycle. Certainly, there is important information to be shared about the number of clients served, the types of services they received, and the outcomes that are generated. More important are the answers to the questions such as the following:

- How did you serve so many people?
- Why did they come to you?
- What services were the most effective?
- What services did people like the best?
- What services provide the best value for the cost?
- What services are unique?

How it worked, why it worked, and what worked can be the more challenging information to be added to the data collection. Program evaluations that are able to provide insight into the mechanics of what works and why it works are much more valuable than those that are limited to providing only data on services and outcomes.

Diagnosing strengths includes qualitative and quantitative data and process as well as outcomes assessment and evaluation. Instruments for gathering this information can include satisfaction surveys, case studies, third-party reviews, focus groups, and standard demographic, service, and outcome data (recall Table 1.1 in Chapter 1).

When successful elements are identified, it is the responsibility of local program staff and other stakeholders to share this information so that effective strategies can be replicated in other sites. Broad dissemination of information can also build a base for policy reform and influence decisions at higher levels.

Responsibility rests with the local program to disseminate evaluation information in a format that allows stakeholders to celebrate achievements, strengthen areas that need improvement, and plan for continued unmet needs. Building this kind of support is invaluable when communities must make tough decisions about how to allocate scarce resources. A variety of formats can be used to achieve this support. For strengthening a sense of community among a variety of agencies who may not have formal involvement with a school-based program, informal lunch and learn programs can be developed when challenging case studies are presented by school-based staff and those present are invited to problem-solve and create innovative solutions. To celebrate and affirm community involvement, one can present a community award in recognition of those in the community who have made outstanding contributions to the school-based program. When the presentation is made as part of a local board or council meeting, this can also be a time to highlight evaluation results. In addition, staff can come together at the end of the year for a time of reflection, to identify strengths as well as strengthen areas that need improvement. This can also be a time of reflection on and recommitment to the goals and the mission of the program.

Site-Based Evaluation and Site-Based Reporting

It is not uncommon for agencies to have outside evaluators come in annually to evaluate their programs. Sometimes this is a requirement of a funding source. Those who have experienced this type of evaluation know that this is not always a pleasant experience. Trying to effectively communicate the unique personality, needs, and history of a program as it relates to a specific community in 1 or 2 days can be a fearsome task. Although helpful suggestions result from a different point of view, some misinterpretations can occur that take time to resolve.

Site-Based Evaluation

The personal experiences that unfold through continuous site-based evaluation contribute to the success of school-based collaborations. Site-based assessment can be much more realistic and thorough than that conducted by outsiders. When evaluation is site based, it has the following advantages:

- Including families as partners rather than as displays
- Being continuous
- Building trust
- Ensuring and building effective communication
- Clarifying roles
- Improving accountability
- Providing opportunities for celebration
- Sharing decision making
- Responding quickly (prevention) to programmatic concerns rather than being reactive at a later time (intervention)
- Strengthening ownership
- Expanding the base of support

The disadvantages of site-based evaluation include the following:

- The tendency to develop a vested interest in one's program (time and energy input, as well as job security considerations), which could "color" or bias the data (e.g., highlighting the positives and downplaying or ignoring the negatives)
- The need for continuous training and retraining on the basics of data collection, definitions of outcomes, and how to access data for reporting

The second disadvantage could be considered an advantage, depending on one's view of the importance of learning in organizations. However, it definitely requires a sizable investment of time and energy devoted to these tasks. The first disadvantage is important if one views evaluation in a "summative" sense—making an objective, scientific determination about the success or failure of a program. If one views evaluation in a "formative" sense—with a focus on program improvement as the program develops over time—this should be less of an issue because there will be no need to hide the negative results in the first place. This also relates to the all-important issue of trust, one of the benefits of site-based evaluation. In any case, it is the opinion of the authors based on 10 years of experience with site-based evaluation that the advantages of this approach far outweigh the disadvantages.

Stakeholders can be involved at many different points of the evaluation process. Active involvement can occur as collaborative goals are defined; during discussions about how change happens for people, communities, and institutions; while creating a vision for the community; as different professional paradigms are compared in; the development of assessment tools; while comparing knowledge and expertise; and while developing a system for data collection. To engage stakeholders in the evaluation process, one must remember that they should be included as active rather than passive partners. When a meeting is scheduled, be sure the agenda includes meaningful activities for the participants that encourage them to offer solutions and provide them with opportunities to question procedures and policies.

A strategy that can help stakeholders to identify with participants is to write out simple statements that might represent typical participant barriers to success. For example, "I am a 13-year-old and we don't have a washer or dryer at my home. We can't afford to do laundry very often and sometimes my clothes smell. I don't like to get sweaty in gym and sometimes other kids make fun of me." Pass these statements out to individuals and ask them to read them aloud to the group. After all individuals have finished reading their statements, ask them to talk about how it felt to be in that person's situation. This can then lead into a discussion of barriers and how the community can begin to develop solutions.

Site-Based Reporting

The case study is an effective strategy for assessing services and communicating both successes and barriers. The best presentation is usually conducted by a staff person who has worked with the participant and has a thorough understanding of the individual's and family's strengths and the barriers that have prevented them from being successful. The presenter needs to address basic demographic information while maintaining confidentiality. The information needs to be comprehensive and is most effectively presented when the participant and staff have worked together long enough to document significant change. This can often mean involvement for longer than 1 year.[1] The presenter should include information about the circumstances that led the participant to initially seek help from the program, strengths exhibited by the participant, strategies that were employed, what progress was made to address the original issue, other issues that developed, agencies that provided services, barriers that were encountered, and plans for terminating services. (Recall the example of a case study presented in Chapter 6.) Allowing stakeholders the opportunity to experience things from the participant's point of view can help to build empathy, support, and understanding.

Considering the needs of different customers is important to site-based reporting. Children and families want to know how they can best access services that will meet their needs, school administrators need to know how school-based services fit into the broader picture of educational achievement, health care providers want to know if children are using more preventative health services that will avoid more costly interventions when they are older, and community leaders want to know how this can revitalize a neighborhood and make it more attractive to new families. These concerns require process and outcomes assessment and evaluation and necessitate dialogue on a scheduled and deliberate basis. Ideas for dissemination include the following:

- Group meetings among collaborating agencies to discuss dissemination and evaluation
- Brainstorming ideas to strengthen areas of weakness and to develop innovative solutions for removing barriers to client participation and success
- Developing posters that highlight various aspects of assessment such as health or employment services and outcomes
- Posting results in a variety of community locations such as community centers, school district administrative offices, community mental health centers, centers for local government, private sector partners offices, United Way campuses, community colleges, workforce development centers, and extension offices
- Developing a Web site and posting results on it
- Sharing information in workshops targeted for program staff
- Including evaluation information in the newsletters of collaborating agencies
- Sharing evaluation information with teachers, guidance counselors, and other school staff via inservices or workshops
- Human interest stories in local newspapers and the electronic media that highlight the more personal aspects of the program and also include comprehensive outcome information (taking care to maintain confidentiality)

- Creating one-page summaries of total program services and results that can be widely distributed and shared with local boards, administrators, legislators, and others
- Reporting parent perceptions and outcomes in school newsletters or sending letters with that information to parents' homes
- Displaying information about program services and results at parent-teacher conferences and school registrations

The strategies for disseminating information are limited only by (a) the uniqueness of each program and community and (b) the creativity of program staff and participants.

An Example of Local Utilization of Evaluation Data

The survival and expansion of the SUCCESS Program in Des Moines, Iowa, is directly attributable to the perception in the community that this school-based program maintains a high degree of accountability and achieves outcomes. The expansion from 3 to 30 schools and the ability of this program to maintain funding levels in times of shrinking budgets have been accomplished by communicating and promoting this information.

As each new year begins, state and local goals and objectives are identified. Staff receive copies of program goals and objectives and receive regular feedback about their progress toward achieving these goals and objectives. Areas that are monitored include number of families served, number of home visits, connections with community agencies, and development of individual plans with families. This feedback is provided in written form with a copy going to the building principal. Staff are further involved in evaluation activities at the end of the year when they come together for a day-long review of successes, strategies, and areas to be improved.

To maintain quality control, an annual training is provided to update staff regarding any changes in the EASY/2EASY database. Throughout the year, the program secretary reviews all staff demographic and outcome data for completeness. Because staff enter their own data, the secretary is available to provide the quality control check.

Throughout the year, data about the previous year are reported to funders, other collaborators, and the general community in a variety of different ways. An extensive annual report is prepared that includes process and outcome data. This report is primarily shared with funders and internally in the district. A newsletter, approximately six pages in length, summarizes this information in a more "user-friendly" format and is distributed on a broad basis in the community. A third and even more condensed printed piece is the program overview that provides very brief information about goals, innovative features, service locations, population served, funding, staffing, and outcomes. This is used in a variety of settings, such as community meetings and initial discussions with potential partners.

Staff representation in multiple-community collaborations provides numerous opportunities to share evaluation results both informally and formally. Site visits from multiple funders make it possible to involve students and families in a more authentic representation of the program's services and achievements.

At the district level, another mode of promotion and communication having high impact is slide show presentations to the school board during scheduled program reviews. Involving students and parents in school board meetings has also been an extremely effective method for communicating both need and program achievements. To recognize individuals making significant contributions to the SUCCESS Program, special honors are awarded at school board meetings. Outcomes and other significant data are shared at this time.

Responding to opportunities to report evaluation results to those interested in recognizing outstanding programming or models to replicate is another way Des Moines has successfully promoted its school-based program. By completing and submitting applications, the SUCCESS Program received two national recognitions. This program was able to respond to the applications because the data were readily available to document the achievements and outcomes of the program. Having data available allows you to be ready when opportunity knocks!

NOTE

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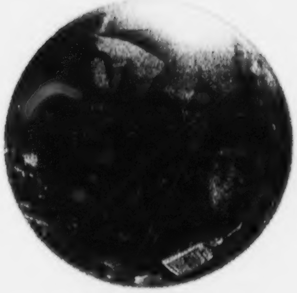
1. On the other hand, sometimes change comes quickly. Our site leaders have reported healthy change in youth in less than 1 year. If not, one usually can see little changes *starting* in less than a year and document this in a case study. It is hoped this will continue until the student or family gets to where they need to be.



Challenges and Keys to Sustainability in Assessment and Evaluation

Collecting and reporting information takes time, which must be built into job descriptions and personal plans. In addition, resources must be built into budgets to facilitate implementation and completion of data collection and reporting. Moreover, timelines for data collection must be established to drive and ensure completion. If time for data collection and evaluation is not provided, the challenges to program sustainability may not be met, and critical services may be lost.

Accountability to Funding Sources: Establishing a Positive Relationship With Funders

Once you have sufficiently impressed someone to the point that they are willing to give you money, you want to maintain your attraction in the hope that they will want to continue to provide funding. You can begin building a positive relationship with a funder by being very attentive to the timelines that have been established for reporting and by collecting and reporting all of the information that has been requested. Showing that you are responsible and accountable for funds that have been entrusted to you builds trust in your ability to deliver quality programming and makes you more competitive when funds may be limited. Because funders are often quite removed from the actual implementation of a program, they rely on the quality of the data collected and reported to give them a sense of whether their dollars have been wisely invested.

Planning for Data Collection

One of the most frustrating requests made of front-line workers is the request for data or other types of program documentation after services have been in place for a significant period of time. To prevent an uprising among staff and to ensure that you will have all the information necessary to document your progress toward goals that you have identified for your program, we recommend that you address the following items early in the development of your program:

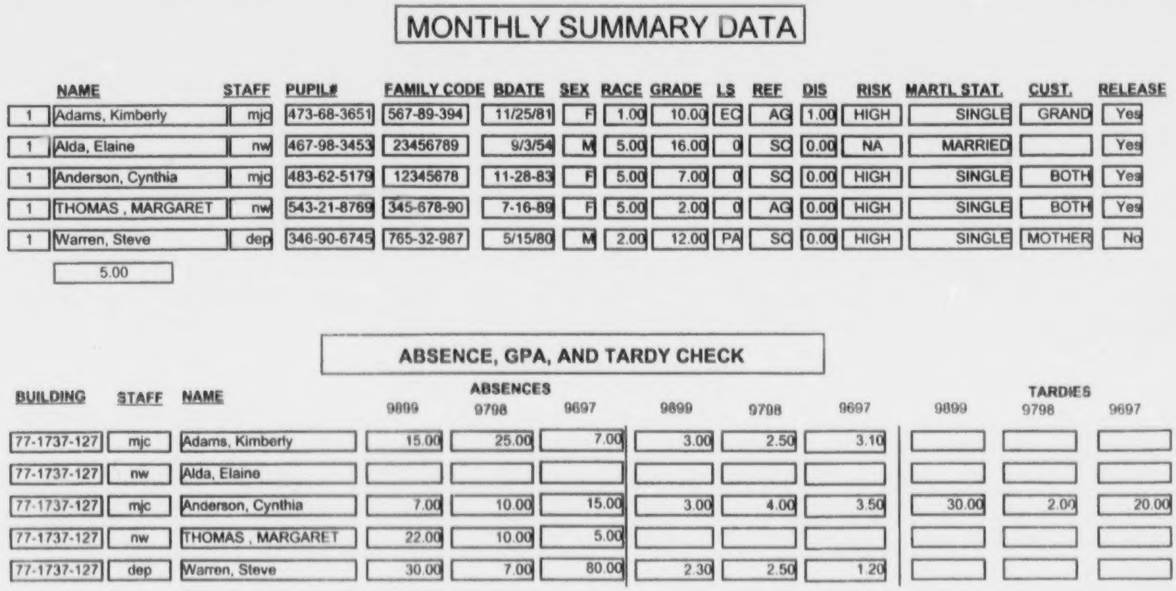
- What specific data do you want to collect?
- Who should collect the data?
- In what form will the data be collected (on paper or can staff enter their own data electronically)? If information is collected on paper, what forms need to be developed?
- How often will it be collected?
- Who will be responsible for entering data if an electronic database is to be used?
- How will quality control be maintained?

Database on Services and Outcomes

The specific data to be collected in a database have been addressed in earlier chapters. If school records are electronic, it may be possible to download demographic and outcome data into the EASY/2EASY database. Otherwise, it will be necessary for staff to collect this information from a combination of students, parents, and school records. Regarding who should collect the data and in what form, some school-based programs have collected data on paper that are then entered by a central data entry person. The intake and daily entry log layouts from the EASY/2EASY database can be printed as blank records and used as forms to collect data. Some programs have developed different formats for collecting data to meet their local needs (see Resource H). Other programs have purchased computers for front-line staff to enter participants' data directly. Even when data are entered by front-line staff, there is usually one person who maintains a central database containing all participant data from all staff. The frequency of service delivery has made it necessary for front-line staff to record or enter service information on a daily basis. At least 30 minutes daily should be scheduled for data entry if front-line staff have access to computers.

We encourage programs that are considering use of the EASY/2EASY database to plan for one staff person to be designated as a data manager. Whether data are collected electronically or on paper, we recommend that they be submitted to the central data manager on a monthly basis. This person can easily perform quality control checks on the completeness of

FIGURE 8.1. Demographic and Outcome Layouts for Quality Control Checks



MONTHLY SUMMARY DATA

	NAME	STAFF	PUPIL#	FAMILY CODE	BDATE	SEX	RACE	GRADE	LS	REF	DIS	RISK	MARTL STAT.	CUST.	RELEASE
1	Adams, Kimberly	mjc	473-68-3651	567-89-394	11/25/81	F	1.00	10.00	EC	AG	1.00	HIGH	SINGLE	GRAND	Yes
1	Alda, Elaine	nw	467-98-3453	23456789	9/3/54	M	5.00	16.00	0	SC	0.00	NA	MARRIED		Yes
1	Anderson, Cynthia	mjc	483-62-5179	12345678	11-28-83	F	5.00	7.00	0	SC	0.00	HIGH	SINGLE	BOTH	Yes
1	THOMAS , MARGARET	nw	543-21-8769	345-678-90	7-16-89	F	5.00	2.00	0	AG	0.00	HIGH	SINGLE	BOTH	Yes
1	Warren, Steve	dep	346-90-6745	765-32-987	5/15/80	M	2.00	12.00	PA	SC	0.00	HIGH	SINGLE	MOTHER	No
	5.00														

ABSENCE, GPA, AND TARDY CHECK

BUILDING	STAFF	NAME	ABSENCES						TARDIES		
			9899	9798	9697	9899	9798	9697	9899	9798	9697
77-1737-127	mjc	Adams, Kimberly	15.00	25.00	7.00	3.00	2.50	3.10			
77-1737-127	nw	Alda, Elaine									
77-1737-127	mjc	Anderson, Cynthia	7.00	10.00	15.00	3.00	4.00	3.50	30.00	2.00	20.00
77-1737-127	nw	THOMAS , MARGARET	22.00	10.00	5.00						
77-1737-127	dep	Warren, Steve	30.00	7.00	80.00	2.30	2.50	1.20			

NOTE: "9x9x" is the school years 199x-199y (e.g., "9697" is 1996-1997). LS = low socioeconomic status; REF = referral source; DIS = disability status; MARTL STAT = marital status; CUST = custody (for minors); RELEASE = signed release of information (yes or no).

data by referring to the layout for demographic information and the layout for outcome data. Samples of these layouts are given in Figure 8.1.

You will get the most mileage out of the EASY/2EASY database if the data manager fully understands and has advanced training in the use of FileMaker Pro (FileMaker Pro, Inc.). There is a need to understand the database beyond entering information. A data manager who understands how to manipulate the data, create new layouts and reports, and customize the database in other ways will be worth his or her weight in grant dollars you can generate! Fortunately, our experience is that these skills may be quickly acquired.

Data Files on Student Outcomes and Process Improvement Obtained Via Surveys of Students, Parents, Staff, and Agency Representatives

Certain data are obtained periodically, typically at the end of the school year. Student outcomes as perceived by students and parents, along with customer satisfaction information, are obtained through student/parent surveys administered to a random (or random systematic) sample of program participants. Typically, these will be students or out-of-school youth who have participated sufficiently often in the program to have generated five or more service contacts.[1] Data on program process, such as cooperation between schools and agencies and family/parent involvement, are obtained through surveys administered to the program coordinators or collaborating agencies involved with the program. The anonymity necessary for these surveys makes entry of such data into a database system such as EASY/2EASY impossible. Moreover, typically these data are used to provide a single-data "snapshot" at a point in time for a given population. However, these "snapshots" can be compared from year to year to assess progress or lack thereof for the group in question.

The student/parent survey data may be entered into a computer using a data management/analysis program such as ABstat (Anderson-Bell Corp), SPSS Data Entry (SPSS, Inc.), or any number of statistical packages. We use ABstat because it is user-friendly and inexpensive, and it was developed specifically for entering, managing, and analyzing survey data. Once the "data structure" is set up, responses to survey questions (typically, choices such as "A," "B," and "C" or numeric data such as age or grade) may be entered without having to press the "Enter" key (or "down arrow" key). This reduces the number of keystrokes for data entry by as much as 50%. These software packages are available for Windows on PCs. (SPSS Data Entry requires Windows 95/98/NT.)

Process data are entered into a spreadsheet, such as Excel (Microsoft Corporation), Lotus 1-2-3 (Lotus Development Corporation), or Quattro Pro (Corel Corporation Limited). Each of these spreadsheets has unique strengths, and the choice may depend primarily on the office "suite" one is using. The 3-D worksheet is very useful for these data, facilitating easy summing and averaging over the response sets.

The person in charge of data entry and analysis should be familiar with the data management/analysis, statistics, or spreadsheet programs. This person should be able to edit the data structure; develop, edit, and execute batch (command) files; develop spreadsheets and worksheets; and conduct at least some basic procedures of statistical or data analysis (e.g., frequency distributions, cross tabulations, and descriptive statistics), in addition to basic data entry. In Iowa, a part-time technical assistant performs many of these functions.

Qualitative Data Collection Via Case Studies, Focus Groups, and Open-Ended Survey Questions

Case studies, focus groups, and open-ended questions on surveys can provide useful qualitative data that can be used along with the quantitative data. Qualitative data can provide a more personal accounting of the true progress of a student or family. Case studies can help to document the myriad problems facing an individual student or family. Nonquantifiable improvements, such as a student's ability to express feelings or a family's achieving greater independence, can be documented in a story that is interesting to read. Focus groups generate discussion regarding how the program specifically helped individual students or parents. This is one way to obtain information *directly* from the customers of the program. Open-ended questions in a survey are another way to obtain input from customers.

Data from case studies, focus groups, and open-ended questions are typically available as text in year-end reports, surveys, and other documents. This information complements group statistics and adds an element of emotion (the "human dimension") into reporting. Word processors are a primary tool for documenting, analyzing, and presenting such information.

Characteristics of Various Data-Gathering Structures: Type of Data, Software Used, Personal Requirements for Data Gathering, and Evidence of Quality Data

Different data-gathering structures produce different types of data, require different types of software and human resources, and use different indicators of data quality. This information is useful in determining software needs, hiring data managers and data entry personnel, and evaluating various data-gathering structures and instruments (see Table 8.1).

Commitment to Improve and Maintain the Database

Unfortunately, once a database has been developed, you cannot use it in the same form forever. You can expect to make changes on an annual basis as the program is reviewed and feedback is received about how to improve all aspects of the program. For example, we did not originally designate a level of risk (high, medium, low) for program participants. When the data indicated that we were experiencing different levels of outcomes and intensity of services for different students, it became important to better define our target populations. Risk categories were then defined and added to the database. In the area of quality control, missing data were a common problem. A feature was added to the database, making entries required for certain fields before advancement to the next field was possible.

The commitment to improve and maintain the database implies that you will need to allocate resources and identify someone who can be responsible for making structural changes in the database that will enhance the relevancy of the data, improve the way outcomes are communicated, better describe the target population, and improve the efficiency and quality of the data entry. This individual should also train staff and follow-up with ongoing technical assistance in the use of the database. We have contracted with one individual to provide this type of assistance to the School-Based Youth Services Program (SBYSP) sites across the state.

It is important to schedule adequate time for all staff to be trained in data collection methods. As can be seen in Table 8.1, different data collec-

TABLE 8.1 Characteristics of Various Types of Data-Gathering Structures

Data-Gathering Structure	*Type of Data*	*Software Used*	*Human Resources Required*	*Evidence of Quality in Data Gathered*
Database	Quantitative	EASY/2EASY and FileMaker Pro	Attentive to detail, dedicated to accuracy, computer oriented	Complete, accurate information in each field
Surveys	Both quantitative and qualitative	ABstat, SPSS, NCSS, StatXact, Excel, Quattro Pro, and Lotus 1-2-3	Attentive to detail, dedicated to accuracy, computer oriented	High response rate, instrument reliability/validity, accurate entry of data
Case studies	Qualitative	Any word processor	"People person," listening skills, some writing ability	Story has emotive force, outcomes clearly documented
Focus groups	Qualitative	Any word processor	"People person," note-taking ability, listening skills, questioning skills	Questions lead to focused discussion of student's problems or needs, nature of program intervention, personal outcomes, and how program can be improved

tion methods require different human resource experience and training. New programs will probably need at least one full day to be trained to use the EASY/2EASY system. Our experience with ongoing programs has been that a minimum of 1 half-day at the beginning of the year and 1 half-day in the middle of the year should be considered for basic updates and reviews. In addition, a person with knowledge of the database system needs to be available to provide telephone technical support as implementation occurs.

Confidentiality

All agencies must protect the confidentiality of their clients. However, federal and state laws allow for the sharing of information between and within counterparts of agencies. The sharing of information is important to case management and reducing the duplication of services. Our experience indicates that we can facilitate sharing by developing and implementing a release of information procedure that identifies the information that will be exchanged and the agencies or individuals involved in the exchange. Figure 8.2 demonstrates this practice and can be duplicated and revised for implementation.

FIGURE 8.2. Sample Confidentiality Form

AR-505.11 Release Form
STC Partnership Center
Authorization for Release of Information
December, 2000

Name of Student: ______________________________
Birthdate: ______________________________
Social Security Number: ______________________________

I. AUTHORIZATION

The undersigned hereby authorizes the Mental Health Clinic of Tama County, Catholic Charities, Lutheran Social Services, Meskwaki Alcohol and Drug Abuse Center, Indian Child Welfare Specialist, Public Health Nurses, Mid-Iowa Community Action, Department of Human Services, Juvenile Court Office, Domestic Violence Alternatives, AEA 6, Substance Abuse Treatment Unit of Central Iowa, Alternative Services, Vocational Rehabilitation, Iowa Valley Continuing Education, Iowa Workforce Development Center, South Tama Community School District, Sac & Fox Settlement School, Meskwaki Health Clinic, Sedlacek/Mercy Medical Center, MMSC/Community School Nurse, Boys & Girls Home, and ____________________, to discuss orally and/or in writing to the STC Partnership Center the following information to the undersigned student:

A. Any and all information EXCEPT substance abuse (drug or alcohol), mental health, and AIDS-related information which must be specifically authorized in Section IV below to be released; OR INSTEAD (check only if applicable) ONLY the following information:

B. _____ Summaries and notes of participation in treatment.
_____ Evaluations and recommendations.
_____ Psychological and psychiatric testing and evaluation results.
_____ Discharge reports.
_____ Academic records.
_____ Information relating to medical history.
_____ Information relating to social history.
_____ Information relating to alcohol and other drugs.
_____ Information on legal history.
_____ Other information ____________________.

II. PURPOSE

The STC Partnership Center is a program designed to provide a comprehensive set of services to youth in an effort to assist youth in completing school, becoming employable and remaining mentally and physically healthy. The services available under this program are related to employment, preventative and primary health care, mental health, substance abuse and family counseling.

The only purpose for the disclosure of the above information is for the coordination of programming and treatment services with the above-named providers.

III. REDISCLOSURE

Iowa and/or federal law provides that I have a right to prohibit redisclosure of confidential information and further disclosure may not be had without my express written authorization, as indicated below.

I understand that the Recipient, WITHOUT FURTHER AUTHORIZATION, may redisclose said information to:

A. Mental Health Clinic of Tama County, Catholic Charities, Lutheran Social Services, Meskwaki Alcohol and Drug Abuse Center, Indian Child Welfare Specialist, Public Health Nurses, Mid-Iowa Community Action, Department of Human Services, Juvenile Court Office, Domestic Violence Alternatives, AEA 6, Substance Abuse Treatment Unit of Central Iowa, Alternative Services, Vocational Rehabilitation, Iowa Valley Continuing Education, Iowa Workforce Development Center, South Tama Community School District, Sac & Fox Settlement School, Meskwaki Health Clinic, Sedlacek/Mercy Medical Center, MMSC/Community School Nurse, Boys & Girls Home, and ____________________

B. _____ ONLY to the following (if applicable):
____

(continued)

FIGURE 8.2. Continued

I SPECIFICALLY AUTHORIZE AND CONSENT TO ANY SAID DISCLOSURE AND REDISCLOSURE. Federal and/or state law specifically require that any disclosure or redisclosure of substance abuse, alcohol or drug, mental health, or AIDS-related information must be accompanied by the following written statement:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). *The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by* 42 CFR Part 2. *A General authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.* See also Chapter 228 of the Iowa Code and section 141.23(3) of the Iowa Code and other applicable laws.

IV. SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I acknowledge that information to be released may include material that is protected by Federal and/or State law applicable to substance abuse and mental health. I SPECIFICALLY AUTHORIZE release of confidential information relating to:

____ Substance abuse (drug or alcohol) information from: ________________________________

____ Mental health information from: ________________________________

____ AIDS-related information, diagnosis and test results from: ________________________________

Furthermore, I SPECIFICALLY AUTHORIZE disclosure and redisclosure of this confidential information to all of the persons referred to in this Authorization.

Signature of Student	Date
Parent or Legal Representative	Date

The undersigned he/she has a right to inspect the disclosed information and information being exchanged at any time, and hereby states that this authorization shall be effective for 12 months (or ______ months) from the date it is signed. Also, the undersigned understands he/she may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the STC Partnership Center or the individual health care providers.

A photocopy or exact reproduction of this authorization shall have the same force and effect as the original.

I hereby authorize release of information as indicated above and acknowledge that I have received a copy of this document.

Signature of Student	Date
Parent or Legal Representative	Date
Witnesses	Date

Political Forces and Considerations

Support for programs can be generated through factual reporting of process and outcome information. Documentation of the effectiveness in reaching clients is expected by politicians but often not received. Politicians who want to support your initiative need information to substantiate its effectiveness. Otherwise, critics have an easier chance to destroy your program.

Factual information neutralizes critiques that are not based on fact. Quick references to factual data assist busy politicians. For example, a summary of demographic and outcome data on the SBYSP is presented in Display 8.1—a single page of data that is highly informative, easy to reference, and practical to use (Veale & Morley, 1998). Consider summarizing your data accordingly for quick study by busy people who do not want to read volumes of information to establish knowledge of your efforts.

Staff Development

Service level and administrative staffs need information and feedback to motivate them to continue working at an optimum level and to want to improve. Our experience indicates that lack of feedback could leave one open to condemnation by individuals and special interest groups when the opportunity arises. If provided, factual documentation and information will help individuals in and outside the program to deflect nonconstructive criticism and support the program. Time should be established to inform staff of evaluation results and to give them opportunity to discuss the information.

We have conducted many inservices and workshops for staff development in the School-Based Youth Services Program in Iowa. For example, in Iowa we have used a university computer lab for workshops on the use of the EASY/2EASY database system. In addition, we have provided phone technical support for all sites and on-site database support for new sites coming on board, as needed.

To cut down on travel time and expense, we have used the Iowa Communications Network (ICN), a fiber-optics communication system that has linkages with colleges and universities, public libraries, and other educational institutions in the state. The ICN provides two-way (interactive) video and audio, with a variety of options for providing visual instruction. For example, a laptop computer may be plugged into the ICN and a slide show presented. As technology improves, multisite videoconferencing over the Internet will become practical. Web-based instruction is another evolving technology that may be useful for staff development.

DISPLAY 8.1. Youth Served, Services Provided, Student Outcomes, and Student/Parent Perceptions in 1996-1997 SBYSP

1996-1997 School-Based Youth Services Program: Individuals Served, Services Provided, Student Outcomes, and Student/Parent Perceptions

Number and Characteristics of Individuals Served

Total Number of Individuals	20,906
Grade Levels of Youth Served	
Under 6th	38.8%
6th to 8th	27.1%
9th to 12th	30.2%
Out of school	3.9%
Dropout Rate	5.0%
Gender Distribution of Youth Served	
Male	50.3%
Female	49.7%
Ethnic Distribution of Youth Served	
Asian American	0.7%
African American	6.5%
Hispanic	4.5%
Native American	0.8%
Caucasian	86.1%
Biracial	0.8%
Other	0.6%
Youth With Educational Disabilities	14.8%
Youth of Low Socioeconomic Status Families	41.6%
Youth Who Are Homeless	3.2%

Delinquency

Legal identification	1.5%
School identification	1.4%
Potential identification	7.7%
Nondelinquent or no information	89.3%

Risk

Low	43.2%
Medium	21.6%
High	24.1%
Unknown	11.2%

Number Served (duplicated across services) and Number of Service Contacts

Served in primary/preventive health	7,898
Served in mental health	2,126
Served in employment and training	2,105
Served in case management	13,999
Served in education	5,865
Served in substance abuse	1,307
Served in recreation/leisure	2,365
Served in miscellaneous (basic needs, day care, counseling, liaison with juvenile court, and other activities)	Variable
Total number of service contacts	417,722
Average number of contacts per individual	20.0
Average total cost per contact	$20.24
Average total cost per individual served	$404.37

Student Outcomes: Data From Participating Schools

Improved attendance to acceptable level	33.8%
Maintained attendance at acceptable level	83.4%
Improved GPA (by at least 0.1 grade point)	35.2%
Maintained GPA (within 0.1 grade point)	25.9%
Median dropout rate	4.2%
Sites reenrolling dropouts	13 of 18 sites, or 72.2%

Improved or maintained attendance (attained acceptable level: 10 days or fewer missed)	68.1%
Improved (by at least 0.1) or maintained (within 0.1) GPA	61.1%
Range of dropout rates	0.0%-9.8%
Reenrollment count	167 total (96 successful)

Student Outcomes: Student and Parent Perceptions of Student Improvement/Attainment (from survey)

For more than half of the surveyed groups, 80% (or more) of students and parents responded positively to questions measuring the following student outcomes:

Good or improved physical health, feeling good or better about getting up in the morning, and feeling happy; knowledge of health and attendance/performance in school; promptness in school and work (if have a job); good/improved attitude toward self and family, accepting of people of other race/color, ability to get along with peers and family, and play/work with others; desire to achieve in school and to stay in and graduate from school; ability to make own decisions, set goals for the future, and achieve a career goal (if established); getting help and helping others; attend technical school/college and get a job (one they really want); decreased use (or nonuse) of drugs and alcohol; not engaging in unsafe sex and not getting in trouble (generally, or with the law).

(continued)

DISPLAY 8.1. Continued

Definitions of Terms

Grade level—"under 6th" includes participating students in Grades K-5, preschool, and below school age; "6th to 8th" includes participating students in middle schools (Grades 6-8); "9th to 12th" includes participating students in high school (Grades 9-12); "out of school" includes previous years' graduates, those obtaining a GED, and those with some postsecondary education

Contact—any interaction between staff and youth and/or family members on a group or individual basis to deliver a service; "service" is an action to help and includes intake processing.

Educational disability—one of the following conditions: (a) behaviorally disordered, (b) hearing impairment, (c) learning disability, (d) mental disability, (e) physical disability, (f) profoundly multiply handicapped, (g) severely handicapped, (h) speech and language impairment, or (i) visual impairment

Low socioeconomic status (SES)—having participated in the free or reduced lunch program

Homeless—respondent indicating that he or she was living in something other than a house (private residence), apartment, or mobile home. This includes but is not limited to those living in a car, truck, or tent; camper, trailer, or motor home; shelter; or "doubling up" with friends or relatives

Delinquency—three levels of delinquent activity were identified:

- Legal—child has committed criminal or delinquent acts identified by the courts/legal system
- School—child has committed delinquent acts identified by the school
- Potential—child is involved in one or more of the following: gang activity, chronic school absences, suspensions and repeated tardiness, dropout, repeated school failure (failing grades, low achievement), substance abuse involvement and/or treatment, family dysfunction

Risk—three levels of student risk were defined:

- Low—no factors indicated
- Medium—one to three noncritical factors indicated
- High—(a) one or more of the critical factors indicated or (b) four or more of the noncritical factors indicated

The critical factors are those judged the most serious detriments to the educational and social development of the child (e.g., dropout or expelled from school, pregnancy/teen parent, homeless, committed criminal acts); non-critical factors are those judged as less serious impediments to development (e.g., repeated school failure, no extracurricular school activities, eating disorders, substance abuse by self or family member). There are 7 critical and 23 noncritical factors (see Figures 3.1 and 3.2 of Chapter 3).

Dropout rate—number of dropouts divided by the number of students in Grades 9 through 12 enrolled at the beginning of the school year in question, expressed as a percentage. The numerator (number of dropouts) does *not* include those who reenrolled and completed the school year. The dropout rate was computed for (a) those participating in the SBYSP and (b) schools served by the SBYSP

Cost—amount of the state grant plus local contributions (cash and in-kind services)

Acceptable level of attendance—absent not more than 10 days during the school year

GPA—grade point average, ranging from 0.0 ("F") to 4.0 ("A")

Unduplicated count—counting each individual served once and only once. The number served in the display (presented above) are unduplicated *within* major service areas but are duplicated *across* them

DISPLAY 8.1. Continued

Student/parent survey outcomes—outcomes developed by a team of state agency representatives, original local site leaders, the state director of the SBYSP, and the research consultant and assessed via survey each year. They are used to assess the students' and parents' perspectives on the students' progress, as well as their satisfaction with various aspects of the program

Criterion for attainment of survey outcomes—more than 50% of the surveyed groups (elementary, middle, and high school students; parents) achieving a percentage of positive assessment of 80% or more on the corresponding survey questions. A "positive assessment" is an indication of (a) improvement or (b) affirmation of the desired outcome (for the student)

NOTE: a. This dropout rate is based on the number of students in Grades 9 through 12 at the beginning of the school year in the SBYSP. This rate, which focused on dropouts and students in Grades 9 through 12 who had at least one contact with the SBYSP, was considered to be more reflective of the true magnitude of the dropout problem than that based on students in Grades 7 through 12 because very few drop out in Grades 7 and 8. Students who drop out, reenroll, and complete the school year are not counted as dropouts.

b. "Homeless" youth are those who indicated that they were living in something other than a house (private residence), apartment, or mobile home.

c. Delinquency data were not available from all sites; the "nondelinquency" percentage may be overestimated. See above for definitions of delinquency categories.

d. See Figures 3.1 and 3.2 in Chapter 3 for the instrument used to determine level of risk.

e. "Duplicated across services" means some youth received services in more than one service area. (Counts are unduplicated within a service area.)

f. Unduplicated counts in each of these areas were 1,321 in basic needs and family survival, 70 in counseling (Marshalltown site), 222 in day care, 360 with legal issues (e.g., juvenile court liaison in Marshalltown), and 58 in service learning. (Adding these counts may result in duplication.)

g. "Total cost" is the amount of the state grant plus local contributions (cash and in-kind).

h. Out of those who had unacceptable attendance in the previous year (1995-1996).

i. Out of those who had acceptable attendance in the previous year (1995-1996).

Technological Issues

One of the considerations when we began the SBYSP in 1990 was which type of computer system or "platform" to use—Macintosh or PC (then referred to as "IBM compatible"). This was before the newer versions of Microsoft Windows (3.1, 3.11, 95, 98, and Me) were available and when the Macintosh was considered a more user-friendly platform. With the release of Windows 95, 98, and Me (Microsoft Corporation) providing an interface very similar to that of the Macintosh, there is little to choose between the two platforms in terms of ease of use. Consequently, the choice may be based primarily on (a) experience with a particular system and (b) availability of appropriate software. The first of these is a personal choice factor. Because operating systems are becoming more and more similar, this is considered less critical now than it was earlier in the decade. Software is the more important factor.

Fortunately, many software packages are available on both systems. The database software FileMaker Pro (FileMaker Pro, Inc.) is available for both Macintosh and Windows (PCs). Moreover, it has virtually the same "look and feel" in both systems, is file compatible, and can open either a Macintosh or Windows PC database on either computer system using the most recent versions (3.0, 4.x, and 5.x). This *cross-platform* capability is apparently unique to FileMaker Pro and is one reason for selecting this database program. It is also very easy to use and does not require programming to develop layouts and define fields. Finally, it is now fully relational with the capability to link files through common fields, which makes for smaller, more efficient database files. Other possible choices include Access (Microsoft Corporation) and Paradox (Corel Corporation Limited). These are considered more powerful database programs but are only available for PCs and require programming for effective database development.

In the area of survey software, the situation is much more favorable to the PC. For example, the program ABstat (Anderson-Bell Corp.) is available only on Windows-based PCs. A more advanced statistical software system is SPSS (SPSS, Inc.), which includes a module called Data Entry developed specifically for survey design, data collection, and data "cleaning." Other statistical analysis software we have found useful are Number Cruncher (NCSS, Dr. Jerry Hintze, author) and StatXact (CYTEL Software Corporation), both available for Windows-based PCs. The way survey data collection has worked in the SBYSP is that completed surveys are sent from each program site to the research consultant who is in charge of entering, processing, analyzing, and reporting the survey data. Unless each program site is responsible for its own survey data entry, this would not restrict platform selection in the site. On the other hand, suppose a given site wanted to survey more participants than the number determined by the state to be sufficient for the statewide program random sample. It would need to have the software (and the expertise to use it) to conduct data entry, processing, and analysis and should make its choice of computer system accordingly.

Regarding word processing, spreadsheets, and presentations, the particular software used will often be determined by the office suite or integrated ("Works") package that was "bundled" with the computer system. Among PCs, the main office suites include Microsoft Office, Corel WordPerfect Suite,[2] and Lotus Smart Suite; Mac users are more limited in this regard, with Microsoft Office the only major suite available. The word processors provided in each of these are considered to be powerful and user-friendly. In terms of spreadsheets, we have found Quattro Pro (Corel Corporation Limited) to be very useful for entry and analysis of the data on staff surveys regarding process improvement. The other major spreadsheets, Excel (Microsoft Corporation) and Lotus 1-2-3 (Lotus Development Corporation), have similar capabilities. Impressive slide shows and color transparencies (for use with an overhead projector) may be developed using PowerPoint (Microsoft Corporation), Presentations (Corel Corporation Limited), or Freelance Graphics (Lotus Development Corporation). We have found such presentation software useful for reporting outcome data via graphical summaries (bar charts, line graphs, etc.), as well as delivering slide shows on specific data collection tools. Documents may be readily converted from one suite to another. For example, Quattro Pro can convert from and to Excel and Lotus 1-2-3 spreadsheets. File translation software, such as Conversions Plus (DataViz, Inc.), is also available for converting documents (across applications and across platforms), as well as retrieving e-mail file attachments. Thus we feel that the use of an office suite or integrated package should be guided by individual choice.

NOTES

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1. You may wish to use another criterion, such as 10 or 25 contacts, or a time value (e.g., 10 hours or more). We feel that 5 contacts is a sufficient number to ensure that the student will at least be able to answer the questions on program satisfaction and may be sufficient, in some cases, to produce a positive impact.

2. The latest version is called WordPerfect Office 2002 (Corel Corporation Limited).

Putting It All Together

Assessment and evaluation should be considered essential and feasible. Plenty of aids are available to accomplish the task. Time needs to be set aside to do it. Rewards for doing it are realized internally as well as externally. The satisfaction of being sure of service implementation and outcomes is gratifying and provides a feeling of stability and security. The reward of funding and public support ensures a future for everyone.

The following statements summarize our recommendations for assessment and evaluation:

- Establish common goals.
- Identify methods to measure the goals.
- Identify staff and set aside time for data collection and evaluation and dissemination.
- Evaluate the results and document the evaluation.
- Meet with staff and community to share information and discuss results.
- Use creative measures to inform a variety of people in agencies and in the community.
- Use sharing experiences to improve the processes and instruments of assessment and evaluation.
- Continue with a smile and an open attitude to change.
- Expect change.
- Use the information to make changes that improve service delivery, customer satisfaction, and positive outcomes.
- Never give up emphasizing the need to continue assessment and evaluation.
- Dialogue, dialogue, dialogue.

A Working Model for Assessing and Evaluating Collaborative Services Programs: Funding → Dialogue → Collaboration → Evaluation

The diagram in Figure 9.1 represents a summary of our working model for assessment and evaluation in the development and implementation of collaborative services programs. Many of the concepts discussed in the previous chapters fall within the primary components represented in this diagram. The diagram represents the process of funding, dialogue, collaboration, and evaluation in collaborative services programs.

This publication has identified goals, monitoring instruments, and ideas for directing assessment and evaluation. At minimum, the information obtained from assessment and evaluation constitutes a beginning to establish dialogue, which could lead to high-level collaboration.

We have stressed dialogue in the uppermost part of our diagram. Dialogue spans all processes, including assessment and evaluation, as the key ingredient to success. Funding sources must be structured to ensure resources and time necessary to establish dialogue for assessment and evaluation. When time is provided for dialogue, the magic of collaboration can be realized at its highest level—the establishment of common goals, common assessment and evaluation, and shared resources to accomplish the goals, assessment, and evaluation (Bruner, 1992).

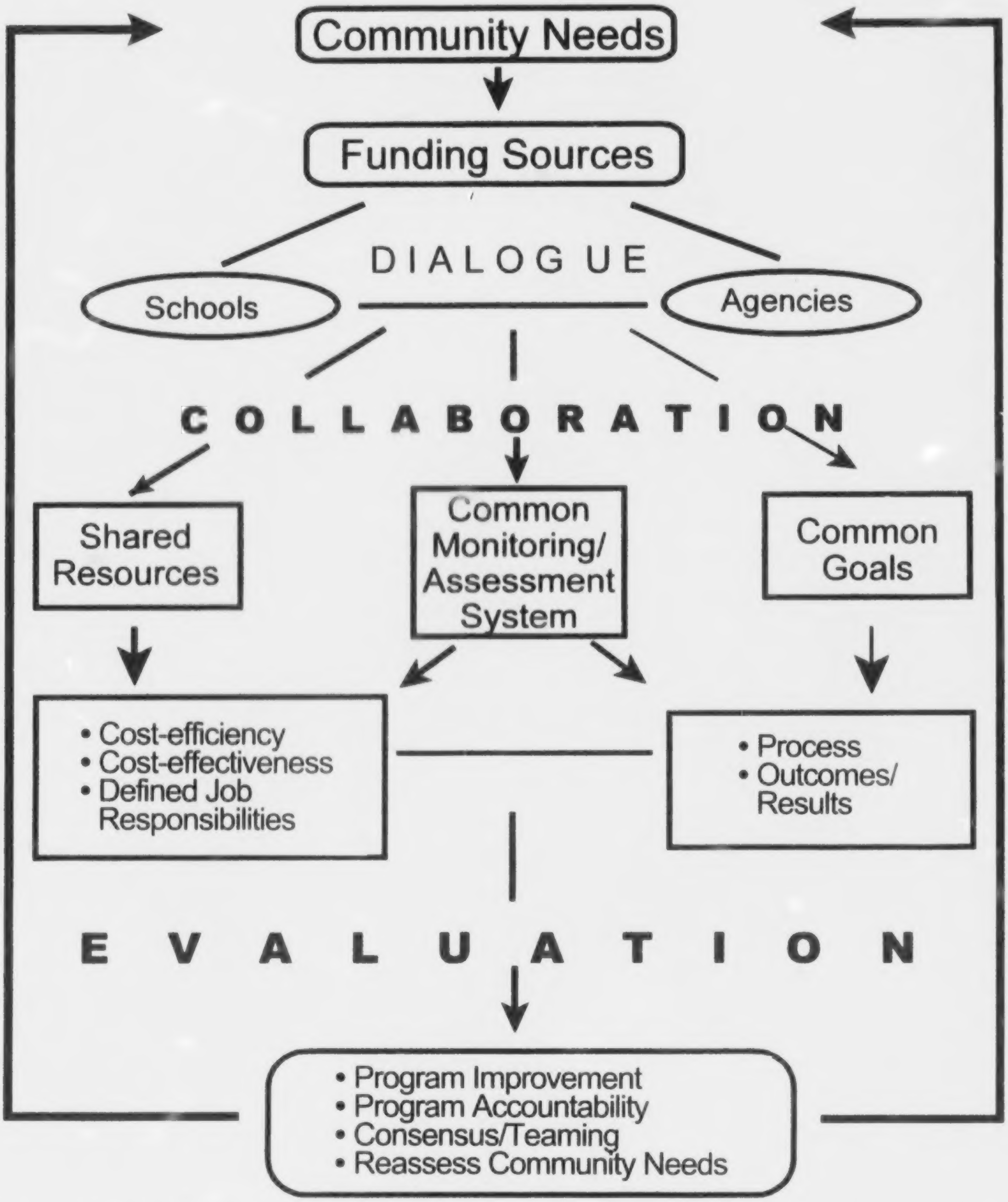
Job descriptions can heavily influence whether dialogue is established among the staff of agencies. In addition, job descriptions can be significantly affected and changed through dialogue. Whatever the case may be in your locality, consider the modification of job descriptions to get the results you want from program activity. Expectations requiring dialogue and cooperation will result in profound knowledge of other services and working relationships that are mutually beneficial. All job descriptions should include responsibilities for assessment and evaluation, as well as collocation and coordination with other agency staff.

Working relationships that are mutually beneficial lead to cost-efficiency and cost-effectiveness in local programs. Instead of duplication of work, we can complement each other in our work. Cost-efficiency is a common concern shared by service agencies and represents an outcome that can be mutually achieved. Interagency dialogue is also a possible process goal and outcome or result.

The process of evaluation must use assessment information to determine if the program is improving and can be accountable with regard to outcomes. Multiagency staff must engage in evaluation in a team process and come to consensus on what assessment information means. This process will help drive funding and continuing dialogue.

Our diagram ends with evaluation, which is part of the evolutionary process of dialogue and collaboration. Evaluation is evolutionary and unfolds over time—as do the needs of children and families, the processes we use to assess our impact, and means used to bring about that impact.

FIGURE 9.1. Diagram of the Cyclical-Continuous-Evolvement Model for Assessment and Evaluation in the Development and Implementation of Collaborative Services Programs



Evaluation is not static. It must continually evolve and change and include enough dynamics in the assessment component to capture progress made with any student or family. For example, using case studies and interviews is as valuable an assessment process as surveys and other standardized instruments when evaluating atypical members of our population. Program improvement, program accountability, and progress toward teaming and establishing consensus represent the rationale for doing evaluation as well as final product.

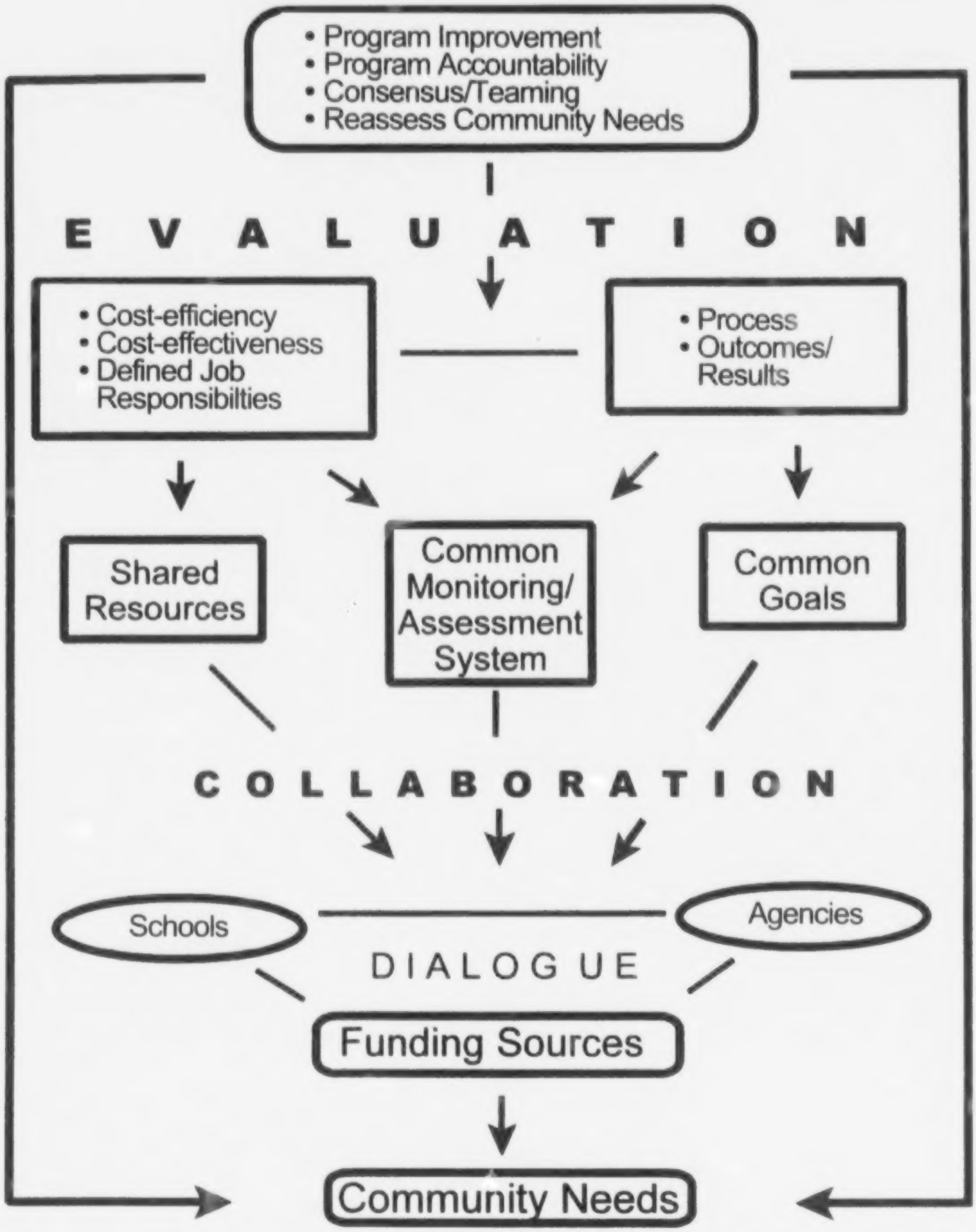
"Flip-Flopping" the Working Model for Assessing and Evaluating Collaborative Services Programs: Evaluation → Collaboration → Dialogue → Funding

You can turn the diagram upside down and use it to understand and explain evaluation. Program improvement, accountability, and consensus and team building drive evaluation. Within the process of evaluation, we need to consider cost-efficiency, processes of delivery of services, and outcomes (results). In addition, you want to determine if collaboration is occurring at its highest level. The information produced or gained through assessment is used to encourage and direct dialogue between and within schools and service agencies. The dialogue surrounding assessment information will help you gain the resources you need to continue and improve services (see Figure 9.2).

We point out this "flip-flop" of the diagram in part to demonstrate the *cyclical-continuous-evolvement philosophy of assessment and evaluation.* Evaluation technique should continue to evolve along with processes for service delivery, according to the cycle of events diagramed in Figures 9.1 and 9.2. As we work on changes in services, we should work on changes in assessment and evaluation practices and strategies. Sometimes, the sensitivity or complexity of what we are asked to be accountable for makes it impossible to handle in one time period with the resources allotted for evaluation. So evaluation and assessment can be "chunked"—for example, one year concentrating on student and family impact and the following year concentrating on cost-efficiency. Over a long period of time (years) and through much dialogue, your system for evaluation will evolve. The number of changes needed will be dictated only by the needs of the system and the resources dedicated to assessment and evaluation.

Revisit the diagram periodically and practice "flip-flopping" it to reinforce your understanding of evaluation. Encourage and practice dialogue and establish a goal to design evaluation as an evolving process subject to change. This will help you to accept evaluation as a natural part of your day-to-day activities.

FIGURE 9.2. Diagram of the "Flip-Flop" of the Cyclical-Continuous-Evolvement Model for Assessment and Evaluation in the Development and Implementation of Collaborative Services Programs



A Final Note

School-Based Youth Services Programs in Iowa have been approached as a system in constant transition expecting change as an everyday happening. Therefore, we have expected the evaluation system to evolve over time and be adjusted until accepted. Local development will evolve over time. An effective assessment and evaluation will occur over time, perhaps over 5 to 10 years. Be patient and plan over a long period of time. Your perspectives and motivation will be rewarded accordingly.

Particular importance should be attached to shared responsibility, as well as sharing data and resources. Schools and other service agencies planning to collect data through monitoring and assessment can consider the needs of each other when designing assessment strategies. Joint planning and dialogue can lead to shared responsibility in collecting, analyzing, and disseminating information that can be used communitywide to build dynamic teaming and collaborative work.

RESOURCE A

1997-1998 Elementary School Student Survey

FIGURE A.1A

SCHOOL-BASED YOUTH SERVICES PROGRAM: ELEMENTARY SCHOOL STUDENT SURVEY

Section 1: Read each of the following questions. Each question has three possible responses. Think back to the time **before** you came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and how you were then. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM"** in your school is the ____. Then think about how you are **now**—today. Select and **circle** the answer (A, B, or C) that is the **most truthful** answer to the question for you. **THERE ARE NO RIGHT OR WRONG ANSWERS.** Select the one YOU FEEL is most true for you. You may omit any question that you do not feel you can answer. Please do NOT put your name on this survey. **Your responses will be completely private.**

Example 1: Do you like math?

(A) More now than before
(B) Yes
(C) No

Suppose you enjoy math class now but you did not like it before you came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. You would circle **(A)**, because you like math **more now than before**.

Example 2: How do you feel when you go to bed at night?

(A) Better now than before
(B) Good
(C) Bad

Suppose you have always felt good when you went to bed at night. You don't go to bed hungry and are not afraid something bad will happen to you. You would circle **(B)**, because you feel **good** when you go to bed.

Example 3: Do you like recess?

(A) More now than before
(B) Yes
(C) No

Suppose you have a health problem, so you cannot play sports or other games on the playground or in the gym with the other kids. You feel left out during recess. You would circle **(C)**, because you do NOT like recess.

REMEMBER: "Before" is the time **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today.**

1. Do you know where to go for help?

(A) More now than before
(B) Yes
(C) No

2. Do you get sick much?

(A) Less now than before
(B) Yes
(C) No

3. How are you doing in school?

(A) Better now than before
(B) Well
(C) Not very well

4. Do you like school?

(A) More now than before
(B) Yes
(C) No

5. Do you like yourself?

(A) More now than before
(B) Yes
(C) No

(Please turn the page to continue the survey.)

FIGURE A.1B

REMEMBER: "Before" is the time **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.**

6. Do you get along with others your own age?
   - **(A) Better now than before**
   - **(B) Yes**
   - **(C) No**

7. Do you want to stay in school?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

8. Do you get into trouble very much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

9. Do you like your family?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

10. Do you help others without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

11. Do you like kids of a different race or color?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

12. How do you feel when you get up in the morning?
    - **(A) Better now than before**
    - **(B) Good**
    - **(C) Bad**

13. Do you worry very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

14. Do you wash your hands every morning?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

15. Do you brush your teeth every morning?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

16. Do you comb or brush your hair every morning?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

17. Do you usually get to school on time?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

18. Are you absent very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

19. Are you happy?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

20. Do you want to learn in school?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

21. Do you know what you want to be when you grow up?
    - **(A) I do now, but didn't before**
    - **(B) I did before**
    - **(C) No**

FIGURE A.1C

REMEMBER: "Before" is the time **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today.**

22. Do you like playing with others?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that you have done better this year.

1. ______________________________
2. ______________________________

Who or what helped you to do better?

1. ______________________________
2. ______________________________

List one or two things that you are still having trouble with in school or in your life.

1. ______________________________
2. ______________________________

Section 3: What could the **SCHOOL-BASED YOUTH SERVICES PROGRAM** do to help you more?

1. ______________________________
2. ______________________________

Section 4: Please complete the following:

1. What is your age? (write in) _____

2. What is your gender? (check one)
   a. ___ Female
   b. ___ Male

3. What is your racial or ethnic group? (check one)
   a. ___ African American (black)
   b. ___ Asian American
   c. ___ Caucasian (white)
   d. ___ Hispanic
   e. ___ Native American (American Indian)
   f. ___ Other ____________________

4. Whom do you live with? (check one)
   a. ___ Both parents
   b. ___ One parent
   c. ___ Relative or friend
   d. ___ Shelter residents
   e. ___ Other ____________________

5. Where do you live? (check one)
   a. ___ House
   b. ___ Apartment or mobile home
   c. ___ Camper, trailer, or motor home
   c. ___ Car, truck, or tent
   d. ___ Shelter
   e. ___ Other ____________________

Section 5: About the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and/or the survey:

Is there anything else you would like to say?

____

____

____

Section 6: About this survey:

1. Was it easy?
   - **(A) Yes**
   - **(B) No**

2. Were the questions clear?
   - **(A) Yes**
   - **(B) No**

(Please turn the page to complete the survey.)

FIGURE A.1D

3. About how long did the survey take?
    ___ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR HELP! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM.**

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this student:

Total #contacts with the SBYSP = ___

1. #contacts in primary/preventive health = ___
2. #contacts in mental health = ___
3. #contacts in employment/ training = ___
4. #contacts in educational services = ___
5. #contacts in case management = ___
6. #contacts in substance abuse = ___
7. #contacts in other service areas = ___

Staff Comments: ______________________________

RESOURCE B

1997-1998 Middle School Student Survey

FIGURE B.1A

SCHOOL-BASED YOUTH SERVICES PROGRAM:

MIDDLE SCHOOL STUDENT SURVEY

Section 1: Read each of the following questions. Each question has three possible responses. Think back to the time **before** you came to the **School-Based Youth Services Program** and how you were then. **For this survey, the "School-Based Youth Services Program" is the** ______________________________. Then think about how you are **now**—today. Select and **circle** the answer (A, B, or C) that is the **most truthful** answer to the question for you. **THERE ARE NO RIGHT OR WRONG ANSWERS.** Select the one YOU FEEL is most true for you. You may omit any question that you do not feel is applicable to you. Please do NOT put your name on this survey. **Your responses will be completely private**.

Example 1: Do you like math?
(A) **More now than before**
(B) **Yes**
(C) **No**

Suppose you enjoy math class now but you did not like it before you came to the **School-Based Youth Services Program**. You would circle **(A)**, because you like math **more now than before**.

Example 2: How do you feel before you go to sleep at night?
(A) **Better now than before**
(B) **Good**
(C) **Bad**

Suppose you have always felt good before you went to sleep at night. You don't go to bed hungry and are not afraid something bad will happen to you. You would circle **(B)**, because you feel **good** before you go to sleep.

Example 3: Do you like physical education (gym) class?
(A) **More now than before**
(B) **Yes**
(C) **No**

Suppose you have a health problem, so you cannot play sports or other games in gym with the other students. You feel left out. You would circle **(C)**, because you do NOT like physical education (gym) class.

> **REMEMBER: "Before"** refers to how you were **before you came to the School-Based Youth Services Program. "Now" is today.**

1. Do you know where to go for help?
(A) **More now than before**
(B) **Yes**
(C) **No**

2. Do you get sick much?
(A) Less now than before
(B) Yes
(C) No

3. How are you doing in school?
(A) Better now than before
(B) Well
(C) Not very well

4. Are you absent very much?
(A) Less now than before
(B) Yes
(C) No

5. Do you set goals for your future?
(A) I do now, but didn't before
(B) I did before
(C) No

6. Do you like school?
(A) More now than before
(B) Yes
(C) No

7. Do you like yourself?
(A) More now than before
(B) Yes
(C) No

8. Do you get along with others your own age?
(A) Better now than before
(B) Yes
(C) No

9. Do you use drugs?
(A) Less now than before
(B) Yes
(C) No
[Note: "Drugs" includes marijuana, cocaine, and other substances, but does NOT include alcohol or tobacco.]

10. Do you use alcohol?
(A) Less now than before
(B) Yes
(C) No

(Please turn the page to continue the survey.)

FIGURE B.1B

REMEMBER: "Before" refers to how you were **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today.**

11. Do you use tobacco (smoking or chewing)?
    (A) Less now than before
    (B) Yes
    (C) No

12. Do you want to stay in school and graduate?
    (A) More now than before
    (B) Yes
    (C) No

13. Do you have unprotected (unsafe) sex?
    (A) Less now than before
    (B) Yes
    (C) No

14. Do you like your family?
    (A) More now than before
    (B) Yes
    (C) No

15. Do you get along with members of your family?
    (A) More now than before
    (B) Yes
    (C) No

16. Do you make decisions for yourself?
    (A) More now than before
    (B) Yes
    (C) No

17. Do you get into trouble very much?
    (A) Less now than before
    (B) Yes
    (C) No

18. Do you help others without being told?
    (A) More now than before
    (B) Yes
    (C) No

19. Do you like young people of a different race or color?
    (A) More now than before
    (B) Yes
    (C) No

20. How do you feel when you get up in the morning?
    (A) Better now than before
    (B) Good
    (C) Bad

21. Do you worry very much?
    (A) Less now than before
    (B) Yes
    (C) No

22. Do you get in trouble with the law?
    (A) Less now than before
    (B) Yes
    (C) No

23. Do you know about the importance of good health habits (cleanliness, nutrition, and exercise)?
    (A) More now than before
    (B) Yes
    (C) No

24. Are you able to see what needs to be done and do it without being told?
    (A) More now than before
    (B) Yes
    (C) No

25. Do you usually get to school on time?
    (A) More often now than before
    (B) Yes
    (C) No

26. Are you happy?
    (A) More now than before
    (B) Yes
    (C) No

27. Do you want to learn in school?
    (A) More now than before
    (B) Yes
    (C) No

28. Do you know what you want to be when you grow up?
    (A) I do now, but didn't before
    (B) I did before (and still do)
    (C) No

29. Do you like playing with others?
    (A) More now than before
    (B) Yes
    (C) No

If you have a job, please answer the following question:

30. Do you show up on time for work?
    (A) More often now than before
    (B) Yes
    (C) No

FIGURE B.1C

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that you have done better this year.

1. ______________________________
2. ______________________________

Who or what helped you to do better?

1. ______________________________
2. ______________________________

List one or two things that you are still having trouble with in school or in your life.

1. ______________________________
2. ______________________________

Section 3: Answer the following questions by checking *one or more* of the answers that **you feel** are best. You may also write in your own answer under "other."

1. Think about your health and how you have done in school this past year. Check *one or more* of the following *if* they **helped you to do better in school**.
   - a. ___ eating better, nutritious foods
   - b. ___ getting regular exercise
   - c. ___ getting enough rest and sleep
   - d. ___ reducing or not using drugs
   - e. ___ reducing or not using alcohol
   - f. ___ reducing or not using tobacco
   - g. ___ not having unsafe sex
   - h. ___ not getting pregnant
   - i. ___ not getting someone pregnant
   - j. ___ getting dental care
   - k. ___ getting medical care
   - l. ___ knowledge about health issues
   - m. ___ reducing or controlling stress
   - n. ___ worrying less
   - o. ___ dealing with depression
   - p. ___ having a positive attitude
   - q. ___ other (please write in): ______________

2. Think about your involvement in work and career training this past year. Check *one or more* of the following *if* they **helped you to do better in school**.
   - a. ___ training for a job
   - b. ___ learning about careers
   - c. ___ getting a job
   - d. ___ setting goals for my future
   - e. ___ working with others on a team
   - f. ___ helping others
   - g. ___ having good attendance
   - h. ___ being on time
   - i. ___ learning about parenting
   - j. ___ other (please write in): ______________

Section 4: Read each question given below. Think about your involvement with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. Circle the one answer choice that is closest to **your true opinion or feeling** about this program. If you feel that the question does not apply to you, circle **(D)**.

1. Did the staff person try to understand your feelings?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

2. Did the staff person respect you?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

3. Did the staff person pay attention to you when you talked?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

4. Was the room in which services were provided satisfactory?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

5. Did the staff person care about your interests?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

(Please turn the page to complete the survey.)

FIGURE B.1D

6. Did the staff person preach to you about your problems?
    - **(A)** **Yes**
    - **(B)** **Sometimes**
    - **(C)** **No**
    - **(D)** **Does not apply to me**

7. Did the staff person talk down to you?
    - **(A)** **Yes**
    - **(B)** **Sometimes**
    - **(C)** **No**
    - **(D)** **Does not apply to me**

8. Did the staff person help you to solve your problem?
    - **(A)** **Yes**
    - **(B)** **Sometimes**
    - **(C)** **No**
    - **(D)** **Does not apply to me**

9. Was the staff person friendly?
    - **(A)** **Yes**
    - **(B)** **Sometimes**
    - **(C)** **No**
    - **(D)** **Does not apply to me**

10. Did the staff person answer all of your questions?
    - **(A)** **Yes**
    - **(B)** **Sometimes**
    - **(C)** **No**
    - **(D)** **Does not apply to me**

11. What could the **SCHOOL-BASED YOUTH SERVICES PROGRAM** do to help you more?

____

____

Section 5: Please complete the following:

1. What is your age? (write in)

2. What is your gender? (check one)
    a. ____ Female
    b. ____ Male

3. What is your racial or ethnic group? (check one)
    a. ____ African American (black)
    b. ____ Asian American
    c. ____ Caucasian (white)
    d. ____ Hispanic
    e. ____ Native American (American Indian)
    f. ____ Other ____________

4. Whom do you live with? (check one)
    a. ____ Both parents
    b. ____ One parent
    c. ____ Relative or friend
    d. ____ Shelter residents
    e. ____ Other ____________

5. Where do you live? (check one)
    a. ____ House
    b. ____ Apartment or mobile home
    c. ____ Camper, trailer, or motor home
    c. ____ Car, truck, or tent
    d. ____ Shelter
    e. ____ Other ____________

Section 6: Regarding the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and/or the survey:

Is there anything else you would like to say? ____________

____

____

Section 7: Regarding this survey:

1 . Was it easy?
    - **(A)** **Yes**
    - **(B)** **No**

2. Were the questions clear?
    - **(A)** **Yes**
    - **(B)** **No**

3. About how long did the survey take? ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR HELP! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM.**

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this student:

Total #contacts with the SBYSP = ____
1. #contacts in primary/preventive health = ____
2. #contacts in mental health = ____
3. #contacts in employment/ training = ____
4. #contacts in educational services = ____
5. #contacts in case management = ____
6. #contacts in substance abuse = ____
7. #contacts in other service areas = ____

Staff Comments: ____________________

____

____

RESOURCE C

1997-1998 High School Student Survey

FIGURE C.1A

SCHOOL-BASED YOUTH SERVICES PROGRAM:

HIGH SCHOOL STUDENT SURVEY

Section 1: Read each of the following questions. Each question has three possible responses. Think back to the time **before** you came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and how you were then. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM" is the** ____. Then think about how you are **now**—today. Select and **circle** the answer (A, B, or C) that is the **most truthful** answer to the question for you. **THERE ARE NO RIGHT OR WRONG ANSWERS.** Select the one YOU FEEL is most true for you. You may omit any question that you do not feel is applicable to you. Please do NOT put your name on this survey. **Your responses will be completely private.**

Example 1: Do you like math?
- (A) **More now than before**
- (B) **Yes**
- (C) **No**

Suppose you enjoy math class now but you did not like it before you came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. You would circle **(A)**, because you like math **more now than before**.

Example 2: How do you feel before you go to sleep at night?
- (A) **Better now than before**
- (B) **Good**
- (C) **Bad**

Suppose you have always felt good before you went to sleep at night. You don't go to bed hungry and are not afraid something bad will happen to you. You would circle **(B)**, because you feel **good** before you go to sleep.

Example 3: Do you like physical education (P.E.) class?
- (A) **More now than before**
- (B) **Yes**
- (C) **No**

Suppose you have a health problem, so you cannot participate in sports or other games in the gym with the other students. You feel left out. You would circle **(C)**, because you do NOT like P.E. class.

> **REMEMBER: "Before"** refers to how you were **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. **"Now"** is **today**.

1. Do you know where to go for help?
   - (A) **More now than before**
   - (B) **Yes**
   - (C) **No**

2. Do you get sick much?
   - (A) **Less now than before**
   - (B) **Yes**
   - (C) **No**

3. How are you doing in school?
   - (A) **Better now than before**
   - (B) **Well**
   - (C) **Not very well**

4. Are you absent very much?
   - (A) **Less now than before**
   - (B) **Yes**
   - (C) **No**

5. Do you set goals for your future?
   - (A) **I do now, but didn't before**
   - (B) **I did before**
   - (C) **No**

6. Do you like school?
   - (A) **More now than before**
   - (B) **Yes**
   - (C) **No**

7. Do you like yourself?
   - (A) **More now than before**
   - (B) **Yes**
   - (C) **No**

8. Do you get along with others your own age?
   - (A) **Better now than before**
   - (B) **Yes**
   - (C) **No**

9. Do you use drugs?
   - (A) **Less now than before**
   - (B) **Yes**
   - (C) **No**

   [Note: "Drugs" includes marijuana, cocaine, and other substances, but does NOT include alcohol or tobacco.]

10. Do you use alcohol?
    - (A) **Less now than before**
    - (B) **Yes**
    - (C) **No**

11. Do you use tobacco (smoking or chewing)?
    - (A) **Less now than before**
    - (B) **Yes**
    - (C) **No**

(Please turn the page to continue the survey.)

FIGURE C.1B

REMEMBER: "Before" refers to how you were before you came to the **School-Based Youth Services Program** in your school. **"Now"** is **today**.

12. Do you want to stay in school and graduate?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

13. Do you have unprotected (unsafe) sex?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

14. Can you get a job?
    - **(A) More able to now than before**
    - **(B) Yes**
    - **(C) No**

15. Do you like your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

16. Do you get along with members of your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

17. Do you make decisions for yourself?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

18. Do you get into trouble very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

19. Do you help others without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

20. Do you feel that you will be able to attend a college or technical school after graduation?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

21. Do you feel that you will be able to get a job you really want?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

22. Do you know how to help your community?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

23. Do you feel that you will be able to get into the military (if you want to)?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

24. Do you like young people of a different race or color?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

25. How do you feel when you get up in the morning?
    - **(A) Better now than before**
    - **(B) Good**
    - **(C) Bad**

26. Do you worry very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

27. Do you get in trouble with the law?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

28. Do you know about the importance of good health habits (cleanliness, nutrition, and exercise)?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

29. Are you able to see what needs to be done and do it without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

30. Do you usually get to school on time?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

31. Are you happy?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

32. Do you want to achieve in school?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

33. Do you have a career interest?
    - **(A) I do now, but didn't before**
    - **(B) I did before (and still do)**
    - **(C) No**

FIGURE C.1C

REMEMBER: "Before" refers to how you were **before you came to the SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. **"Now"** is **today**.

34. a. Do you have a career goal?
    - **(A) I do now, but didn't before**
    - **(B) I did before (and still do)**
    - **(C) No**

If you answered **(A)** or **(B)** to the above question, please answer the following:

b. Do you feel you will be able to achieve your career goal?
- **(A) More now than before**
- **(B) Yes**
- **(C) No**

c. What is your career goal? ____________________

35. Do you like working with others?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

If you have a job, please answer the following question:

36. Do your show up on time for work?
    - **(A) More often now than before**
    - **(B) Yes**
    - **(C) No**

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that you have done better this year.

1. ____________________

2. ____________________

Who or what helped you to do better?

1. ____________________
2. ____________________

List one or two things that you are still having trouble with in school or in your life.

1. ____________________

2. ____________________

Section 3: Answer the following questions by checking *one or more* of the answers that **you feel** are best. You may also write in your own answer under "other."

1. Think about your health and how you have done in school this past year. Check *one or more* of the following *if* they **helped you to do better in school**.
   - a. ___ eating better, nutritious foods
   - b. ___ getting regular exercise
   - c. ___ getting enough rest and sleep
   - d. ___ reducing or not using drugs
   - e. ___ reducing or not using alcohol
   - f. ___ reducing or not using tobacco
   - g. ___ not having unsafe sex
   - h. ___ not getting pregnant
   - i. ___ not getting someone pregnant
   - j. ___ getting dental care
   - k. ___ getting medical care
   - l. ___ knowledge about health issues
   - m. ___ reducing or controlling stress
   - n. ___ worrying less
   - o. ___ dealing with depression
   - p. ___ having a positive attitude
   - q. ___ other (please write in): ____________

2. Think about your involvement in work and career training this past year. Check *one or more* of the following *if* they **helped you to do better in school**.
   - a. ___ training for a job
   - b. ___ learning about careers
   - c. ___ getting a job
   - d. ___ setting goals for my future
   - e. ___ working with others on a team
   - f. ___ helping others
   - g. ___ having good attendance
   - h. ___ being on time
   - i. ___ learning about parenting
   - j. ___ other (please write in): ____________

Section 4: Read each question given below. Think about your involvement with the **SCHOOL-BASED YOUTH SERVICES PROGRAM** in your school. Circle the one answer choice that is closest to **your true opinion or feeling** about this program. If you feel that the question does not apply to you, circle **(D)**.

1. Did the staff person try to understand your feelings?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

2. Did the staff person respect you?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

(Please turn the page to complete the survey.)

FIGURE C.1D

3. Did the staff person pay attention to you when you talked?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

4. Was the room in which services were provided satisfactory?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

5. Did the staff person care about your interests?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

6. Did the staff person preach to you about your problems?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

7. Did the staff person talk down to you?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

8. Did the staff person help you to solve your problem?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

9. Was the staff person friendly?
   - **(A) Yes**
   - **(B) Sometimes**
   - **(C) No**
   - **(D) Does not apply to me**

10. Did the staff person answer all of your questions?
    - **(A) Yes**
    - **(B) Sometimes**
    - **(C) No**
    - **(D) Does not apply to me**

11. What could the **SCHOOL-BASED YOUTH SERVICES PROGRAM** do to help you more? ____________

____

Section 5: Please complete the following:

1. What is your age? (write in) ____

2. What is your gender? (check one)
   a. ___ Female
   b. ___ Male

3. What is your racial or ethnic group? (check one)
   a. ___ African American (black)
   b. ___ Asian American
   c. ___ Caucasian (white)
   d. ___ Hispanic
   e. ___ Native American (American Indian)
   f. ___ Other ____________

4. Whom do you live with? (check one)
   a. ___ Both parents
   b. ___ One parent
   c. ___ Relative or friend
   d. ___ Shelter residents
   e. ___ Other ____________

5. Where do you live? (check one)
   a. ___ House
   b. ___ Apartment or mobile home
   c. ___ Camper, trailer, or motor home
   d. ___ Car, truck, or tent
   e. ___ Shelter
   f. ___ Other ____________

Section 6: Regarding the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and/or the survey:

Is there anything else you would like to say? ____________

____

Section 7: Regarding this survey:

1. Was it easy?
   - **(A) Yes**
   - **(B) No**

2. Were the questions clear?
   - **(A) Yes**
   - **(B) No**

3. About how long did the survey take? ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR HELP! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**.

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON

Please complete the following for this respondent:
Total #contacts with the SBYSP = ____
1. #contacts in primary/preventive health = ____
2. #contacts in mental health = ____
3. #contacts in employment/training = ____
4. #contacts in educational services = ____
5. #contacts in case management = ____
6. #contacts in substance abuse = ____
7. #contacts in other service areas = ____

Staff Comments: ____________

RESOURCE D

1997-1998 Survey for Parent of Elementary School Student

FIGURE D.1A

SCHOOL-BASED YOUTH SERVICES PROGRAM:

SURVEY FOR PARENT OF ELEMENTARY SCHOOL STUDENT

Section 1: Read each of the following statements. The word *before* refers to the time before your child came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM** for help. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM" is the** ____.
The word *now* refers to today. In each question, think about how your child is *now* compared with how he/she was *before*. Then select and **circle** the answer choice (A, B, C, etc.) that answers the question about your child **most truthfully**, as you see it. Please complete the survey by yourself, using only *your* knowledge and opinion. Please do *not* question your child to gain information to answer these questions. This survey is for parents of students in elementary school (Grades 4 and 5). You may feel that some of these questions may not apply to your child, at her/his grade level or age. **YOU MAY OMIT ANY QUESTION THAT YOU DO NOT FEEL IS APPLICABLE TO YOUR CHILD.** Your responses will be completely confidential and will be used in statistical reporting only. (Please do NOT put your name on this form.)

Example 1: How is your child doing in math?

- **(A) Better now than before**
- **(B) Well**
- **(C) Not very well**

Suppose you feel that your child is doing well in math class now. Your child was also doing well in math before he/she came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. You would circle **(B)**, because you feel that your child is doing **well** in math.

Example 2: Does your child get along with her/his teachers?

- **(A) Better now than before**
- **(B) Yes**
- **(C) No**

Suppose your child is getting along well with her/his teachers now but was *not* getting along with them before coming to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. You would circle **(A)**, because your child gets along with her/his teachers **better now than before**.

Example 3: Does your child help out around the house?

- **(A) More now than before**
- **(B) Yes**
- **(C) No**

Suppose your child refuses to help with household chores or even to clean her/his room. You would circle **(C)**, because your child does *not* help out around the house.

REMEMBER: "Before" refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today.**

1. Does your child know where to go for help?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**
2. Does your child get sick much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

(Please turn the page to continue the survey.)

FIGURE D.1B

REMEMBER: "Before" refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today.**

3. How is your child doing in school?
   (A) Better now than before
   (B) Well
   (C) Not very well

4. Does your child like school?
   (A) More now than before
   (B) Yes
   (C) No

5. Does your child like herself/himself?
   (A) More now than before
   (B) Yes
   (C) No

6. Does your child get along with others her/his own age?
   (A) Better now than before
   (B) Yes
   (C) No

7. Does your child want to stay in school?
   (A) More now than before
   (B) Yes
   (C) No

8. Does your child get into trouble very much?
   (A) Less now than before
   (B) Yes
   (C) No

9. Does your child like her/his family?
   (A) More now than before
   (B) Yes
   (C) No

10. Does your child help others without being told?
    (A) More now than before
    (B) Yes
    (C) No

11. Does your child like kids of a different race or color?
    (A) More now than before
    (B) Yes
    (C) No

12. How does your child feel when he/she gets up in the morning?
    (A) Better now than before
    (B) Good
    (C) Bad

13. Does your child worry very much?
    (A) Less now than before
    (B) Yes
    (C) No

14. Does your child wash her/his hands every morning?
    (A) More often now than before
    (B) Yes
    (C) No

15. Does your child brush her/his teeth every morning?
    (A) More often now than before
    (B) Yes
    (C) No

16. Does your child comb or brush her/his hair every morning?
    (A) More often now than before
    (B) Yes
    (C) No

17. Does your child usually get to school on time?
    (A) More often now than before
    (B) Yes
    (C) No

18. Is your child absent very much?
    (A) Less now than before
    (B) Yes
    (C) No

FIGURE D.1C

> **REMEMBER: "Before"** refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today.**

19. Is your child happy?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

20. Does your child want to learn in school?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

21. Does your child know what he/she wants to be when they grow up?
    - **(A) He/she does now, but didn't before**
    - **(B) He/she did before**
    - **(C) No**

22. Does your child like playing with others?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that your child has done better this year.

1. ______________________________
2. ______________________________

Who or what helped your child to do better?

1. ______________________________
2. ______________________________

List one or two things that your child is still having trouble with in school or in life.

1. ______________________________
2. ______________________________

Section 3: What could the **SCHOOL-BASED YOUTH SERVICES PROGRAM** do to help you and your child more?

1. ______________________________
2. ______________________________

Section 4: Please complete the following:

1. What is your age? (write in) _____

2. What is your gender? (check one)
   - a. ___ Female
   - b. ___ Male

3. What is your racial or ethnic group? (check one)
   - a. ___ African American (black)
   - b. ___ Asian American
   - c. ___ Caucasian (white)
   - d. ___ Hispanic
   - e. ___ Native American (American Indian)
   - f. ___ Other ______________

4. Where do you live? (check one)
   - a. ___ House
   - b. ___ Apartment or mobile home
   - c. ___ Camper, trailer, or motor home
   - c. ___ Car, truck, or tent
   - d. ___ Shelter
   - e. ___ Other ______________

Section 5: About the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and/or the survey:

Is there anything else you would like to say?

____

____

____

____

(Please turn the page to complete the survey.)

FIGURE D.1D

Section 6: About this survey:

1 . Was it easy?
   (A) Yes
   (B) No

2. Were the questions clear?
   (A) Yes
   (B) No

3. About how long did the survey take?
   ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR HELP! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**.

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this parent's child:

Total #contacts with the SBYSP = ___
1. #contacts in primary/preventive health = ___
2. #contacts in mental health = ___
3. #contacts in employment/ training = ___
4. #contacts in educational services = ___
5. #contacts in case management = ___
6. #contacts in substance abuse = ___
7. #contacts in other service areas = ___

Staff Comments: ______________________________

RESOURCE E

1997-1998 Survey for Parent of Middle School Student

FIGURE E.1A

SCHOOL-BASED YOUTH SERVICES PROGRAM:
SURVEY FOR PARENT OF MIDDLE SCHOOL STUDENT

Section 1: Read each of the following statements. The word "before" refers to the time before your child came to the School-Based Youth Services Program for help. **For this survey, the "School-Based Youth Services Program" is the** ______________________________. The word "now" refers to today. In each question, think about how your child is *now* compared with how he/she was *before*. Then select and **circle** the answer choice (A, B, C, etc.) that answers the question about your child **most truthfully**, as you see it. Please complete the survey by yourself, using only *your* knowledge and opinion. Please do *not* question your child to gain information to answer these questions. This survey is for parents of students in grades 6 to 8. Some of these questions may not apply to your child, at her/his grade level or age. **YOU MAY OMIT ANY QUESTION THAT YOU DO NOT FEEL IS APPLICABLE TO YOUR CHILD.** Your responses will be completely confidential and will be used in statistical reporting only. (Please do NOT put your name on this form.)

Example 1: How is your child doing in math?
- **(A) Better now than before**
- **(B) Well**
- **(C) Not very well**

Suppose you feel that your child is doing well in math class now. Your child was also doing well in math before he/she came to the School-Based Youth Services Program. You would circle **(B)**, because you feel that your child is doing **well** in math.

Example 2: Does your child get along with her/his teachers?
- **(A) Better now than before**
- **(B) Yes**
- **(C) No**

Suppose your child is getting along well with her/his teachers now but was *not* getting along with them before coming to the School-Based Youth Services Program. You would circle **(A)**, because your child gets along with her/his teachers **better now than before**.

Example 3: Does your child help out around the house?
- **(A) Better now than before**
- **(B) Yes**
- **(C) No**

Suppose your child refuses to help with household chores or even to clean her/his room. You would circle **(C)**, because your child does NOT help out around the house.

> **REMEMBER: "Before"** refers to how your child was **before he or she came to the School-Based Youth Services Program. "Now"** is **today.**

1. Does your child know where to go for help?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

2. Does your child get sick much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

3. How is your child doing in school?
   - **(A) Better now than before**
   - **(B) Well**
   - **(C) Not very well**

4. Is your child absent very much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

5. Does your child set goals for her/his future?
   - **(A) He/she does now, but didn't before**
   - **(B) He/she did before**
   - **(C) No**

6. Does your child like school?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

7. Does your child like herself/himself?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**

8. Does your child get along with others her/his own age?
   - **(A) Better now than before**
   - **(B) Yes**
   - **(C) No**

9. Does your child use drugs?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

   [Note: "Drugs" includes marijuana, cocaine, and other substances, but does NOT include alcohol or tobacco.]

(Please turn the page to continue the survey.)

FIGURE E.1B

REMEMBER: "Before" refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today**.

10. Does your child use alcohol?
    (A) Less now than before
    (B) Yes
    (C) No

11. Does your child use tobacco (smoking or chewing)?
    (A) Less now than before
    (B) Yes
    (C) No

12. Does your child want to stay in school and graduate?
    (A) More now than before
    (B) Yes
    (C) No

13. Does your child have unprotected (unsafe) sex?
    (A) Less now than before
    (B) Yes
    (C) No

14. Does your child like your family?
    (A) More now than before
    (B) Yes
    (C) No

15. Does your child get along with members of your family?
    (A) More now than before
    (B) Yes
    (C) No

16. Does your child make decisions for herself/himself?
    (A) More now than before
    (B) Yes
    (C) No

17. Does your child get into trouble very much?
    (A) Less now than before
    (B) Yes
    (C) No

18. Does your child help others without being told?
    (A) More now than before
    (B) Yes
    (C) No

19. Does your child like young people of a different race or color?
    (A) More now than before
    (B) Yes
    (C) No

20. How do you think your child feels when he/she gets up in the morning?
    (A) Better now than before
    (B) Good
    (C) Bad

21. Does your child worry very much?
    (A) Less now than before
    (B) Yes
    (C) No

22. Does your child get in trouble with the law?
    (A) Less now than before
    (B) Yes
    (C) No

23. Does your child know about the importance of good health habits (cleanliness, nutrition, and exercise)?
    (A) More now than before
    (B) Yes
    (C) No

24. Is your child able to see what needs to be done and do it without being told?
    (A) More now than before
    (B) Yes
    (C) No

25. Does your child usually get to school on time?
    (A) More often now than before
    (B) Yes
    (C) No

26. Is your child happy?
    (A) More now than before
    (B) Yes
    (C) No

27. Does your child want to learn in school?
    (A) More now than before
    (B) Yes
    (C) No

28. Does your child have a career interest?
    (A) He/she does now, but didn't before
    (B) He/she did before (and still does)
    (C) No

29. Does your child like playing with others?
    (A) More now than before
    (B) Yes
    (C) No

FIGURE E.1C

> **REMEMBER: "Before"** refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today**.

If your child has a job, please answer the following question:

30. Does your child show up on time for work?
    (A) More often now than before
    (B) Yes
    (C) No

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that your child has improved this year.

1. ________________________________
____
2. ________________________________
____

Who or what helped your child to make these improvements?

1. ________________________________
2. ________________________________

List one or two things that you feel your child is still having trouble with in school or in her/his life.

1. ________________________________
____
2. ________________________________
____

Section 3: Think about *your* involvement with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**, as a parent.

1. About how often did you use the services of the **SCHOOL-BASED YOUTH SERVICES PROGRAM** during the past year?
    (A) Didn't use
    (B) 1-5 times
    (C) 6-10 times
    (D) More than 10 times

2. If you answered **(B)**, **(C)**, or **(D)** in question 1, how would you rate your experience with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**?
    (A) very positive
    (B) positive
    (C) negative
    (D) very negative

If you answered **(C)** or **(D)** to the previous question, describe the problem or difficulty you had with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**:

____
____
____

3. What could the **SCHOOL-BASED YOUTH SERVICES PROGRAM** do to help you and/or your child more?

____
____
____

Section 4: Please complete the following.

1. What is your age? (write in) ____

2. What is your racial or ethnic group? (check one)
    a. ____ African American (black)
    b. ____ Asian American
    c. ____ Caucasian (white)
    d. ____ Hispanic
    e. ____ Native American (American Indian)
    f. ____ Other ________________

3. What is your gender? (check one)
    a. ____ Female
    b. ____ Male

4. What is your marital status? (check one)
    a. ____ Single
    b. ____ Married
    c. ____ Divorced
    d. ____ Separated
    e. ____ Widowed

5. Where do you live? (check one)
    a. ____ Private residence (house)
    b. ____ Apartment or mobile home
    c. ____ Camper, trailer, or motor home
    d. ____ Car, truck, or tent
    e. ____ Shelter
    f. ____ With relatives or friends
    g. ____ Other ________________

(Please turn the page to complete the survey.)

FIGURE E.1D

6. Do you have a disability?
    a. ____ Yes
    b. ____ No

If "Yes," what is your disability? ______________

Section 5: Regarding the **SCHOOL-BASED YOUTH SERVICES PROGRAM** and/or the survey:

Is there anything else you would like to say? ______________

Section 6: Regarding this survey:

1. Was it easy to complete?
    (A) Yes **(B) No**

2. Were the questions clear?
    (A) Yes **(B) No**

3. About how long did the survey take you to complete it?
    ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR COOPERATION! The information you have provided will be very helpful to the **SCHOOL-BASED YOUTH SERVICES PROGRAM.**

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this parent's child:

Total number of contacts with the SBYSP = ___
1. #contacts in primary and preventive health = ___
2. #contacts in mental health = ___
3. #contacts in employment/training = ___
4. #contacts in educational service area = ___
5. #contacts in case management = ___
6. #contacts in substance abuse = ___
7. #contacts in other service areas = ___

Staff Comments: ______________

RESOURCE F

1997-1998 Survey for Parent of High School Student

FIGURE F.1A

SCHOOL-BASED YOUTH SERVICES PROGRAM:

SURVEY FOR PARENT OF HIGH SCHOOL STUDENT

Section 1: Read each of the following statements. The word "before" refers to the time before your child came to the SCHOOL-BASED YOUTH SERVICES PROGRAM for help. **For this survey, the "SCHOOL-BASED YOUTH SERVICES PROGRAM" is the** ______________________________. The word "now" refers to today. In each question, think about how your child is *now* compared with how he/she was *before*. Then select and **circle** the answer choice (A, B, C, etc.) that answers the question about your child **most truthfully**, as you see it. Please complete the survey by yourself, using only *your* knowledge and opinion. Please do *not* question your child to gain information to answer these questions. This survey is for parents of students from grades 9 to 12. Some of these questions may not apply to your child, at her/his grade level or age. **YOU MAY OMIT ANY QUESTION THAT YOU DO NOT FEEL IS APPLICABLE TO YOUR CHILD.** Your responses will be completely confidential and will be used in statistical reporting only. (Please do NOT put your name on this form.)

Example 1: How is your child doing in math?
- **(A) Better now than before**
- **(B) Well**
- **(C) Not very well**

Suppose you feel that your child is doing well in math class now. Your child was also doing well in math before he or she came to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. You would circle **(B)**, because you feel that your child is doing **well** in math.

Example 2: Does your child get along with her or his teachers?
- **(A) Better now than before**
- **(B) Yes**
- **(C) No**

Suppose your child is getting along well with her or his teachers now but was *not* getting along with them before coming to the **SCHOOL-BASED YOUTH SERVICES PROGRAM**. You would circle **(A)**, because your child gets along with her/his teachers **better now than before**.

Example 3: Does your child help out around the house?
- **(A) Better now than before**
- **(B) Yes**
- **(C) No**

Suppose your child refuses to help with household chores or even to clean her/his room. You would circle **(C)**, because your child does NOT help out around the house.

> **REMEMBER: "Before"** refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today.**

1. Does your child know where to go for help?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**
2. Does your child get sick much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**
3. How is your child doing in school?
   - **(A) Better now than before**
   - **(B) Well**
   - **(C) Not very well**
4. Is your child absent very much?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**
5. Does your child set goals for her/his future?
   - **(A) He/she does now, but didn't before**
   - **(B) He/she did before**
   - **(C) No**
6. Does your child like school?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**
7. Does your child like herself/himself?
   - **(A) More now than before**
   - **(B) Yes**
   - **(C) No**
8. Does your child get along with others her/his own age?
   - **(A) Better now than before**
   - **(B) Yes**
   - **(C) No**
9. Does your child use drugs?
   - **(A) Less now than before**
   - **(B) Yes**
   - **(C) No**

   [Note: "Drugs" includes marijuana, cocaine, and other substances, but does NOT include alcohol or tobacco.]

(Please turn the page to continue the survey.)

FIGURE F.1B

REMEMBER: "Before" refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now"** is **today**.

10. Does your child use alcohol?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

11. Does your child use tobacco (smoking or chewing)?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

12. Does your child want to stay in school and graduate?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

13. Does your child have unprotected (unsafe) sex?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

14. Can your child get a job?
    - **(A) More able to now than before**
    - **(B) Yes**
    - **(C) No**

15. Does your child like your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

16. Does your child get along with members of your family?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

17. Does your child make decisions for herself/himself?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

18. Does your child get into trouble very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

19. Does your child help others without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

20. Does your child feel that he/she will be able to attend a college or technical school after graduation?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

21. Does your child feel that he/she will be able to get a job he or she really wants?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

22. Does your child know how to help your community?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

23. Does your child feel that he/she will be able to get into the military (if he/she wants to)?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

24. Does your child like young people of a different race or color?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

25. How do you think your child feels when he/she gets up in the morning?
    - **(A) Better now than before**
    - **(B) Good**
    - **(C) Bad**

26. Does your child worry very much?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

27. Does your child get in trouble with the law?
    - **(A) Less now than before**
    - **(B) Yes**
    - **(C) No**

28. Does your child know about the importance of good health habits (cleanliness, nutrition, and exercise)?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

29. Is your child able to see what needs to be done and do it without being told?
    - **(A) More now than before**
    - **(B) Yes**
    - **(C) No**

FIGURE F.1C

REMEMBER: "Before" refers to how your child was **before he or she came to the SCHOOL-BASED YOUTH SERVICES PROGRAM. "Now" is today**.

30. Does your child usually get to school on time?
    (A) More often now than before
    (B) Yes
    (C) No

31. Is your child happy?
    (A) More now than before
    (B) Yes
    (C) No

32. Does your child want to achieve in school?
    (A) More now than before
    (B) Yes
    (C) No

33. Does your child have a career interest?
    (A) He/she does now, but didn't before
    (B) He/she did before (and still does)
    (C) No

34. a. Does your child have a career goal?
    (A) He/she does now, but didn't before
    (B) He/she did before (and still does)
    (C) No

If you answered **(A)** or **(B)** to the above question, please answer the following:

b. Does your child feel he/she will be able to achieve his/her career goal?
    (A) More now than before
    (B) Yes
    (C) No

c. What is your child's career goal? ______

______

35. Does your child like working with others?
    (A) More now than before
    (B) Yes
    (C) No

If your child has a job, please answer the following question:

36. Does your child show up on time for work?
    (A) More often now than before
    (B) Yes
    (C) No

Section 2: Please write in your answers to the following, in the spaces provided.

List one or two ways in which you feel that your child has improved this year.

1. ______
______
2. ______
______

Who or what helped your child to make these improvements?

1. ______
2. ______

List one or two things that you feel your child is still having trouble with in school or in her/his life.

1. ______
______
2. ______
______

Section 3: Think about *your* involvement with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**, as a parent.

1. About how often did you use the services of the **SCHOOL-BASED YOUTH SERVICES PROGRAM** during the past year?
    (A) Didn't use
    (B) 1-5 times
    (C) 6-10 times
    (D) More than 10 times

2. If you answered **(B)**, **(C)**, or **(D)** in question 1, how would you rate your experience with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**?
    (A) very positive
    (B) positive
    (C) negative
    (D) very negative

If you answered **(C)** or **(D)** to the previous question, describe the problem or difficulty you had with the **SCHOOL-BASED YOUTH SERVICES PROGRAM**.

______
______

(Please turn the page to complete the survey.)

FIGURE F.1D

3. What could the **School-Based Youth Services Program** do to help you and/or your child more?

____

____

____

Section 4: Please complete the following.

1. What is your age? (write in) ____

2. What is your racial or ethnic group? (check one)
   a. ____ African American (black)
   b. ____ Asian American
   c. ____ Caucasian (white)
   d. ____ Hispanic
   e. ____ Native American (American Indian)
   f. ____ Other ______________

3. What is your gender? (check one)
   a. ____ Female
   b. ____ Male

4. What is your marital status? (check one)
   a. ____ Single
   b. ____ Married
   c. ____ Divorced
   d. ____ Separated
   e. ____ Widowed

5. Where do you live? (check one)
   a. ____ Private residence (house)
   b. ____ Apartment or mobile home
   c. ____ Camper, trailer, or motor home
   d. ____ Car, truck, or tent
   e. ____ Shelter
   f. ____ With relatives or friends
   g. ____ Other ______________

6. Do you have a disability?
   a. ____ Yes
   b. ____ No

   If "Yes," what is your disability? ______________

Section 5: Regarding the **School-Based Youth Services Program** and/or the survey:

Is there anything else you would like to say?

____

____

____

____

Section 6: Regarding this survey:

1. Was it easy to complete?
   (A) Yes **(B) No**

2. Were the questions clear?
   (A) Yes **(B) No**

3. About how long did the survey take you to complete it?
   ____ minutes (please write in)

THANK YOU VERY MUCH FOR YOUR COOPERATION! The information you have provided will be very helpful to the **School-Based Youth Services Program.**

THE FOLLOWING SECTION WILL BE FILLED OUT BY THE STAFF PERSON.

Please complete the following for this parent's child:

Total number of contacts with the SBYSP = ____
   1. #contacts in primary and preventive health = ____
   2. #contacts in mental health = ____
   3. #contacts in employment/training = ____
   4. #contacts in educational service area = ____
   5. #contacts in case management = ____
   6. #contacts in substance abuse = ____
   7. #contacts in other service areas = ____

Staff Comments: ______________________________

____

____

____

RESOURCE G

Self-Review Format

FIGURE G.1A

SCHOOL-BASED YOUTH SERVICES PROGRAM
THIRD-PARTY MONITORING AND TECHNICAL ASSISTANCE
SITE REVIEW FORM
SELF-ASSESSMENT

Provisions for School-Based Youth Services Programs are made under Section 279.51(3), Iowa Code and in Chapter 66, Iowa School Rules. The purpose is to create centers located in or near elementary, middle, or high schools that will increase the potential of community service providers to deliver services coordinated with education. All children should have access to the centers. Targeted children include in-school and out-of-school children who need assistance. Minimum services, that must be covered, include mental health services, family counseling and other involvement, primary health care, career development services, recreation activities, life skills training, and mentoring.

This format was developed to monitor and report SBYSP program implementation. It also represents a tool to use to guide program development. It is meant to be used by resource persons to guide the review of program implementation and to generate discussion regarding what is observed. The information obtained via this process is to document the present functioning of programs and to identify areas for program improvement.

Results will be communicated to local SBYSP persons upon conclusion of a one-day visit. Results will also be reviewed and documented within the Department of Education. A letter of documentation will be sent to each program site for review, revision, filing, and follow-up.

SERVICES:

	Yes	No	Status of Implementation Strengths and Weaknesses	Do You Need Help with This? Comments and Questions
Preventive and primary health care services are being provided at the SBYSP Center.				
Preventive and primary health care services are being referred to health providers.				
Mental health counseling and other services are being provided at the SBYSP center.				
Mental health counseling and other services are being referred to mental health providers.				
Family involvement is being actively pursued by staff: Family Counseling Services				
Letters				
Checklists				
Personal contacts via phone				
Home visits				
Attendance at school affairs				
In-service for parents				
Permission for services				

FIGURE G.1B

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
Flexibility is being built into the education program to accommodate the provision of other services for children and youth.				
Mentoring services are being provided at the SBYSP center or coordinated through the center.				
Personal life skills training is being provided at the SBYSP center.				
Personal life skills training is being referred to public and/or private providers.				
Students in SBYSP also have access to a minimum school program defined under Section 256.11, Iowa Code.				
Job training and employment services are being provided at the SBYSP center.				
Job training and employment services are being referred to public and/or private providers.				
Recreation services are being provided at the SBYSP center.				
Recreation services are being referred to public and/or private providers.				
Abortion counseling and the dispensing of contraceptives are not being provided at the SBYSP center.				
Information about the SBYSP is made available in the primary language of the student's home.				
Procedures are established to meet the assurances of the grant.				

FIGURE G.1C

RECOMMENDATIONS:

COMMENTS:

The purpose of the SBYSP is to develop centers located within or near elementary, middle/jr. high, and sr. high schools to increase the potential of community services providers to deliver services. At minimum, mental health, career development activities, primary health care services, recreation services, mentoring and life skills training have to be involved. Day care, transportation, housing, and other services should be considered but are not required. Families must be involved in SBYSP and students (both in-school and out-of-school) must have access to a minimum school program. Outreach contacts with out-of-school youth should be made to encourage school enrollment in a conventional or alternative school, learning center, and/or vocational training center or program. Abortion counseling and the dispensing of contraceptives is prohibited by Section 279.51(3), Iowa Code.

FIGURE G.1D

FACILITIES:

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
A. Program is located in or near an elementary school.				
B. Program is located in or near a middle/jr. high school.				
C. Program is located in or near a sr. high school.				
D. Facilities are close enough to school to encourage student use.				
E. Equipment and resources used for in-kind match can be identified and are being used in SBYSP.				
F. Facilities are accessible to persons with disabilities.				
G. Where the community operates in facilities with architectural barriers, there is a written plan outlining how all programs and services are accessible to persons with mobility impairments.				
H. Renovations to facilities to accommodate services can be identified. (The renovations must be paid for through sources other than grant funds.)				
I. New facilities that are provided are paid for through sources other than grant funds.				
J. Facilities are adequate (space, ventilation, fire/safety inspected, private entrances, soundproofing to assure confidentiality in counseling, etc.) to provide the needed services.				

FIGURE G.1E

RECOMMENDATIONS:

COMMENTS:

The purpose of SBYSP is to develop centers located in or near elementary, middle/jr. high, and sr. high schools to increase the potential of community service providers to deliver services coordinated with education. The facilities and equipment used for SBYSP services must be accessible to children and youth with disabilities; including summer, weekends, and before- and after-school services. Equipment purchased and/or used as in-kind match must be listed and new equipment tagged. All equipment purchased new and used as in-kind match must be used in the SBYSP. **No** grant funds can be used for renovations and **no** grant funds can be used for new facilities. Local funds used to build new facilities to house the SBYSP can be used as matching funds.

FIGURE G.1F

STAFF:

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
There is a designated person responsible for the overall coordination of the program including coordination between schools and other service providers.				
A public relations program has been developed and implemented to orient the community members to the youth services program.				
The roles and responsibilities of salaried staff (via grant) are identified in writing in gender-fair language.				
All staff directly involved in SBYSP have pre-service or in-service training commensurate with their involvement in the program.				
The hiring of staff gave consideration to the minority make-up of the community, the need for certain role models, and cultural understanding.				
The hiring practices are free of illegal inquiries.				
Time is awarded staff for in-service.				
Reasonable accommodations are made for employees with disabilities.				
The staff evaluation process includes equity concerns (equal treatment, gender-fair language, cultural sensitivity, etc.).				
Adequate time is awarded staff to carry out responsibilities.				
School administration assumes a role in managing the SBYSP (refers to local school administrators including those in consortiums).				
Staff development for SBYSP includes elements to assist staff to implement nondiscrimination practices.				
The local budget designates a line item for staff training and development.				

FIGURE G.1G

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
Staff have access to a grievance procedure related to discrimination practices.				

RECOMMENDATIONS:

COMMENTS:

Management can be a shared responsibility between local organizations. However, a designated manager must be identified who will coordinate the administration of funds, staff development, contract arrangements, equipment and material purchases and inventories, program evaluation, advisory committee, work, and public relations. Efforts should be made to implement public relations activities in all parts of the community including homeless populations and minority neighborhoods. Time should be made available for staff to coordinate and carry out professional responsibilities and in-service training. School administration staff must assume some responsibility for coordination even if another service agency assumes the major responsibility of management of the SBYSP.

A staff training component must be established to update SBYSP staff of all involved agencies. It must provide at minimum a one-day training for all staff; one program to orient all school staff and other service provider staff to SBYSP, and at least one public relations program to orient community members to the SBYSP. A specific budget item must be designated to support the training. Cultural differences and nondiscrimination issues must be considered in staff relations and training.

FIGURE G.1H

STUDENTS:

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
Dropouts and other students not attending school are being contacted to alert them to services.				
A system exists to identify in-school and out-of-school youth who are at risk of not succeeding.				
All middle and high school youth are encouraged to utilize SBYSP services.				
All elementary school children are encouraged to utilize SBYSP services.				
A system exists to encourage **all at-risk** middle/jr. high and sr. high school youth to utilize services.				
Student data is **collected, processed,** and **analyzed** with regard to age, disability, gender, and race for elementary, middle/jr. high, and sr. high school age youth.				
Children and youth involved in juvenile court or delinquent behavior are specifically targeted and encouraged to participate in SBYSP.				
Steps are taken to encourage student involvement when patterns emerge that indicate potential discrimination or lack of minority or male/female involvement.				
A system exists to involve youth in evaluating services provided.				
Students are aware of and have access to a grievance process.				

FIGURE G.11

RECOMMENDATIONS:

____

____

____

____

____

____

COMMENTS:

____

____

____

____

____

____

Target groups for SBYSP include in-school and out-of-school youth under the age of 21 who need assistance, including the homeless, teen parents, pregnant teens, mental health problems, substance users and abusers, those with chronic health problems, abused and homeless children, minority students, those with sudden negative changes in school performance due to trauma, those with language barriers and disabilities, and dropouts. These youth, in particular, should be located and provided assistance or linked with direct services. All elementary, middle/jr. high, and sr. high school age children must be encouraged to utilize youth services and evaluate their use. Out-of-school youth must be encouraged to enroll in school and use support services to help establish success.

Student data must be collected, processed and analyzed with regard to age, disability, gender, and race. Specific steps must be taken to encourage student involvement when discriminating patterns become apparent. Children and/or youth involved in juvenile court or delinquent behavior must be specifically targeted and encouraged to participate in SBYSP.

FIGURE G.1J

BUDGET:

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
A separate budget exists for the SBYSP for accounting and includes grant funds and local matching funds.				
At least 20% of the total budget is identified as local match and documented. (In-kind, local contributions, other grant resources from local budgets or other).				
All grant funds are being expended for new services or to supplement existing available services.				
There are activities that have been designed and implemented to identify how financial support for the program will be generated locally to continue services.				

FIGURE G.1K

RECOMMENDATIONS:

COMMENTS:

School districts must identify a separate budget for the School-Based Youth Services Program and be able to account for all expenditures directly related to the program. At least 20% of the total costs of the program must be provided locally using in-kind services and cash contributions. All grant funds must be used to develop new services or to supplement existing services. A plan should be established to generate financial support for the program after grant funds have been withdrawn.

FIGURE G.1L

EVALUATION:

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
A program development log is being kept that identifies steps taken to implement the program, problems encountered, and ideas for improvement.				
The EASY (Efficient Accounting of Services to Youth) computer system has been operationalized (equipment and software purchased, EASY software installed, reporting forms to input data are developed and are being used by multiple agencies, and a person is hired to keep the computerized evaluation information system up to date).				
A system has been developed to record family involvement including primary health care, mental health counseling, job training and employment services.				
Cultural differences have been considered and staff development provided to assure effective family involvement.				
A system exists to identify improved coordination between schools and other service providers				
A system exists to identify increased ability of other service providers to deliver services.				
A system exists to identify how economic resources are being used to improve the employment and productivity of students leaving				

FIGURE G.1M

RECOMMENDATIONS:

COMMENTS:

The EASY/2EASY system was developed to report program implementation and outcomes and remains a primary system for year-end reporting. All sites are expected to implement the system and contribute to the improvement of the system over the next three years. Each site should also have some means to collect information on parent/family involvement, improved coordination between schools and other service providers, increased ability of other service providers to deliver services and utilization of economic resources to improve the employment and productivity of students.

FIGURE G.1N

COLLABORATION:

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
Multiple service providers (Human Services, Employment Services, Public Health, Mental Health, Juvenile authorities, and recreation at minimum) are meeting together inside an organized plan with time lines and agreeing to a set of common goals and practices (goals for serving children, youth, and their families).				
Multiple service providers are sharing the responsibility and **resources** for achieving common goals.				
Interagency agreements have been established identifying staff organization, protocols, staff incentives, and so on.				
Workers at the service delivery level in various agencies are given incentives and support for joint efforts with staff in other agencies.				
Workers at the service delivery level are given discretion in serving clients (determining needs, setting goals, and working for family autonomy) and provided support for decision making.				
Workers at the service delivery level are involved in agency planning (invited to provide opinions and revise policies and practices).				
Workers from a variety of agencies are collocating to deliver services through a common center.				

FIGURE G.10

RECOMMENDATIONS:

COMMENTS:

A main objective of SBYSP is to develop cooperative planning and collocation of staff from multiple service agencies in one center in or near schools. School administration and nonprofit service agency personnel must assume some responsibility for coordination/collaboration. The factors identified above represent best practices and are drawn from "Thinking Collaboratively" and past experiences of model program sites in Iowa.

FIGURE G.1P

STATE SUPPORT:

	Yes	No	Status of Implementation Strengths and Weaknesses	Team Comments and Recommendations
Local agencies have been contacted by counterparts at the state level to develop communication links.				
Local agencies perceive that they are involved in planning meetings to direct SBYSP statewide.				
Technical assistance and support is being provided in areas beneficial to local implementation.				
The materials being provided to local sites are being used: **Adoption Manual** School-Based Youth Services Programs: Suggestions and Resources for Developing Local Programs				
Thinking Collaboratively				
Guide to Developing Neighborhood Family Centers				
Together We Can				
Youth Programs: Future Options Education: Careers and Middle School Youth				
Other				
Suggestions to state agency persons that would improve implementation.				

FIGURE G.1Q

RECOMMENDATIONS:

COMMENTS:

Multiple state agencies are to be involved in SBYSP to develop rules, administer programs, and monitor and evaluate programs. Cooperation and collaboration are being established accordingly, at the state level. SBYSP represents "model development" which means past practices are being examined and changed as needed at the state level to accomplish common goals. Teaming between state and local agencies is necessary to build collaborative initiatives accordingly. Therefore, local input to state agencies is necessary and desired on a continuing basis.

RESOURCE H

Examples of Data Collection Formats

FIGURE H.1

CARING CONNECTION REFERRAL FORM
MARSHALLTOWN COMMUNITY SCHOOL DISTRICT

STUDENT ____________________ **DATE** ______ **GRADE** ______________

ADDRESS ______________________________ **SCHOOL** ______________

PARENT/GUARDIAN ______________________ **PHONE** ______________

GUIDANCE COUNSELOR ______________________

______ 1. Counseling/Support Groups ______________

______ 2. Community Living Skills ______________

______ 3. Juvenile Court Liaison ______________

______ 4. Independent Living Support ______________

______ 5. Runaway Support) ______________

______ 6. Legal Services ______________

______ 7. Mental Health Assessment/Counseling ______________

______ 8. Primary Health Care ______________

______ 9. Individual Assistance Center (IAC) ______________

______10. Substance Abuse Counseling ______________

______11. Teen Parent Program ______________

______12. Volunteer Tutor/Mentor ______________

______13. Vocational Skills Class ______________

______14. JTPA Work Credit ______________

______15. Service Learning ______________

______16. School Within School: ____ Lang. Arts ____ World Cult. ____ Speech

______17. Department of Human Services ______________

______18. Community School Nurse (Home visit) ______________

ADDITIONAL NOTES: ______________________________

Office Use Only

______ (×18)

* * * * *

Intake Date ______

Release Date ______

SUBMITTED BY ______________________ **CASE MANAGER** ______________

CC: ______________________________________

FIGURE H.2

CARING CONNECTION
REFERRAL FOLLOW-UP

Referral Source: ______________________________

Student: ____________________ Date: ____________________

_____ Initial contact made

_____ Refused services

_____ After-care treatment service

_____ Treatment/assessment terminated

_____ Independent living

_____ Made referral to other agency: ____________________

_____ Other: ______________________________

_____ Ongoing assessment

_____ Counseling

_____ Home visit

_____ Ongoing service

Comments: ______________________________

Signature: ____________________

cc:

FIGURE H.3

CONFIDENTIAL

CARING CONNECTION INTAKE

Date ____________________ Staff Person ____________________________

School ____________________

* * * * * * * * * * * * *

Name ____________________________ Grade ___________

Address ____________________________ City ______________________ Zip ____________

Phone ______________ Birthdate ______________ Age ___ Gender: ___ F ___ M

Race: ___ Native American (Am. Indian) ___ African American ___ Asian American

___ Hispanic ___ Caucasian ___ Biracial ___ Other: _______________________

* * * * * * * * * * * * *

Parent/Guardian ______________________

Street Address ____________________________ City ______________________ Zip ________

Home Phone ________________ Work Phone ________________

* * * * * * * * * * * * *

Referred By:

_____ School _____ Family _____ Court _____ Agency _____ Self

_____ Other: ____________________

Living Situation:

_____ Two Parents _____ One Parent _____ Blended Parents _____ Temporary

_____ Relative _____ Adult _____ Independent Living _____ Homeless

_____ Other: ____________________

Classification:

____Student ____Special Education ____Drop-out ____Reenrollee ____Graduate

Previous Agency involvement:

FIGURE H.4 CARING CONNECTION INTAKE (continued)

CONFIDENTIAL

Intake Concerns:

_____ Previous/current drop-out or expelled
_____ Victim of physical, psychological, sexual abuse; rape; or other violent crime
_____ Pregnancy/teen parent
_____ Homeless (on street, shelter, transitional housing, living with friends, other temporary arrangements)
_____ Language/cultural barriers
_____ Out-of-home placement (foster care, detention, independent living, residential treatment, etc.)
_____ Committed criminal act(s)
_____ Experienced repeated school failure (low achievement; low grades)
_____ Poor school attendance; repeated suspensions; repeated tardiness
_____ Special education student or student with mental, learning, behavioral, or physical disabilities (if services beyond the provisions of special education are needed)
_____ No extracurricular activities in school
_____ Mental health problems (including suicidal ideation or attempts, or sudden negative personality changes)
_____ Recent crisis (death, illness, divorce) or life transition
_____ Social isolation, relationship problems, negative peer influence
_____ Eating disorders
_____ Chronic health condition (asthma, allergies, diabetes, seizures, cardiac problems, STD's, ADHD)
_____ Sexually active
_____ Substance abuse by self or family member
_____ Economically disadvantaged
_____ Lack of personal/educational goals
_____ Lack of motivation to improve
_____ Family dysfunction (youth's needs are not being met by the family)
_____ Committed delinquent acts
_____ Gang membership
_____ Mobility (moved two or more times in one year causing changes in school attendance)
_____ Inability to keep employment; unacceptable work behavior
_____ Lacks skills for competitive employment
_____ No identified career interests/goals
_____ Lacks work ethic (not wanting to work)
_____ No postsecondary work or training plan or goals

FIGURE H.5

CARING CONNECTION PRECONFERENCE FORM

DATE________________ SCHOOL ___________ GRADE _______ AGE ____

STUDENT ________________________________

STUDENT STRENGTHS:

OBSERVABLE BEHAVIORS/CONCERNS:

EVALUATIONS/RECOMMENDATIONS:

SIGNATURE _________________________

TITLE _________________________

FIGURE H.6

CARING CONNECTION CONFERENCE SUMMARY

STUDENT ______________________________

DATE __________ SCHOOL ______ GRADE ______ AGE ___

IN ATTENDANCE:

____________________ ____________________
____________________ ____________________
____________________ ____________________
____________________ ____________________
____________________ ____________________

1. SUMMARY OF STUDENT STRENGTHS:

2. PRIOR SCHOOL-BASED/AGENCY INVOLVEMENT:

3. PRESENTING PROBLEM:

4. GOALS	COMMENTS
a.	
b.	
c.	
d.	
e.	

cc:

FIGURE H.7

CARING CONNECTION
CLASSROOM PERFORMANCE REPORT

NAME ____________________ **TEACHER** ____________________

SUBJECT ____________________ **DATE** ____________________

Please complete the sections below:

Attendance: # Absences ______ # Tardies ________

Daily work completed: Yes _______ No ________

Tests and quiz grades: poor _________ average ______ good ______

Approximate grade to date: _________________________

Please indicate if the area is a concern:

Academic difficulties:
- ______ Reading
- ______ Spelling
- ______ Math

Comments: ____

____

Writing:
- ______ Listening skills
- ______ Work/study skills

Comments: ____

____

Behavioral Problems:
- ______ Frequent conflict with teachers
- ______ Frequent requests to leave class
- ______ Health problems
- ______ Disruptive

Comments: ____

____

Additional Comments: ____

____

____

____

____

Please return to the Caring Connection mailbox.
Thank you for your time and assistance!

FIGURE H.8

CARING CONNECTION ACTIVITY LOG

Agency/Person ______________________ **Location** ______________________

Date of Activity ______________________ **Time of Activity** ______________________

Length of Preparation ______________________ **Number of Participants** ______________________

Estimated Cost of Activity ______________________

Description of Activity: ______________________

____

____

____

____

____

____

Your Evaluation of Activity ______________________

____

____

____

____

____

____

FIGURE H.9

NAME ______________________________

AGENCY ____________________________

WEEK OF ________ TO ____________

SB

DATE	STUDENT	GRADE	M/F	RACE	BLDG	UNIT

YSP SERVICE LOG

1 = NATIVE AMERICAN (AMERICAN INDIAN)
2 = AFRICAN AMERICAN
3 = ASIAN AMERICAN
4 = HISPANIC
5 = CAUCASIAN
6 = OTHER
7 = BIRACIAL

INTERV.	ASSESS/ REF	CRISIS	TREAT.	SPRT. GRP.	AFTER CARE	COMMENTS

Practical Evaluation for Collaborative Services by Veale, Morley, & Erickson.
ook.

FIGURE H.10

NAME ____________________________

AGENCY __________________________

WEEK OF __________ TO ____________

SBYSP S
SERVICE COORD

DATE	STUDENT	GRADE	M/F	RACE	BLDG	UNITS	SUP GRO

ERVICE LOG
NATION SPECIALIST

1 = NATIVE AMERICAN (AMERICAN INDIAN)
2 = AFRICAN AMERICAN
3 = ASIAN AMERICAN
4 = HISPANIC
5 = CAUCASIAN
6 = OTHER
7 = BIRACIAL

PT. UP	HOME CONTACT	INDIV. COUNS	CRISIS INT.	TRANS	HOME VISIT	CONS.	COMMENTS

Practical Evaluation for Collaborative Services by Veale, Morley, & Erickson.
ook.

FIGURE H.11

Name ______________________

Building ____________________

Month ______________________

C

SE

1 UN

NAME	GRADE	SEX	RACE	1	2	3	4	5	6	7	8	9	10	11	12

CARING
ONNECTION
RVICE LOGS

T = 15 MINUTES

1 = Native American (American Indian)
2 = African American
3 = Asian American
4 = Hispanic
5 = Caucasian
6 = Other
7 = Biracial

13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	CONTACTS	UNITS

Practical Evaluation for Collaborative Services by Veale, Morley, & Erickson.
ook.

RESOURCE I

Summary of Development Logging in Iowa

FIGURE I.1A

INITIATIVES TAKEN TO ADDRESS ISSUES IN IMPLEMENTATION

Issues	Activities
Lack of understanding SBYSP. Building staff feel threatened and underappreciated because of new roles of SBYSP staff, new services offered, and new systems established. Administrators unaware of major program initiatives and impacts of the initiatives. Ongoing communication gaps between staff in schools.	Frequent group meetings and individual contacts to discuss SBYSP. Newspaper and media stories/reports. Open house opportunities. Special meetings with various professional staff such as counselors and school social workers to work out special concerns such as duplication of services, job security, qualifications of staff, staff reductions, etc. Maintain open communication by asking for input and feedback. Develop a video to be used individually at home and in group meetings in the community. (South Tama has a video to share.)
Confidentiality. Agency staff reluctant to discuss/exchange information in a multidisciplinary setting.	Use of multi-agency multi-information release form Figure 8.2.
Youth wish to deal with issues without parental involvement (particularly evident when presenting conditions related to child abuse, sexuality, pregnancy, chemical abuse).	Develop clearly defined guidelines and procedures that are consistent with state law, board policies, ethical practices, and administrative procedures. Provide training to staff to ensure adherence to the guidelines and procedures. Include in the guidelines referrals to organizations and agencies that are legally authorized to confer with minors without parental knowledge and/or involvement. Also emphasize to case managers the importance of working with youth and families so that, where appropriate, these issues can be addressed within the context of the family.
Concern about the SBYSP dispensing birth control devices, contraceptives, and providing abortion counseling.	Ensure that staff are aware that Iowa Code Section 279.51(3) prohibits the inclusion of abortion counseling and the dispensing of contraceptives with the School-Based Youth staff Services Programs. Formulate guidelines for responses to students who are seeking these services. Provide training to staff to ensure adherence to the guidelines.
Connecting with out-of-school youth.	Encourage youth and parents who have received or are receiving SBYSP services to encourage out-of-school youth and parents with out-of-school children to utilize SBYSP services. Establish a list of dropouts and do outreach by phone and personal contact. Start a jobs program for out-of-school youth to encourage re-entry. Encourage service agency staff who are in contact with families to promote SBYSP/school enrollment. Establish communication with shelters, employers, transitional housing projects, and juvenile services to promote SBYSP services.
Recordkeeping.	Establish position/s (full time or part time) to complete recordkeeping. Utilize SBYSP data management system (EASY) to assist. Use the same procedures for each SBYSP center within the community so information can be combined for total community reporting. (System created and improved by Des Moines SBYSP staff with input from all SBYSP sites). Utilize same computer system as used by district for other purposes to download student information needed for evaluation.
Database too large to back up on disk.	Use external hard drives to store large quantities of information.

FIGURE I.1B

INITIATIVES TAKEN TO ADDRESS ISSUES IN IMPLEMENTATION

ISSUES	ACTIVITIES
Families do not want you involved in their lives. Parents have other priorities (food, shelter, clothing). Parents resistant to receiving mental health services. Not getting into homes to work on family and home environment.	Persist in offering help for a variety of needs. Assist one family member at a time in getting services—do what needs to be done to achieve success with the one member. Consider developing parent advisory groups. Offer *Strengthening Families*. Recognize the personal pace of the individuals and try to work within it before trying to change the pace. Involve parents with organizations and service agencies that will offer services *free* of *charge*. Complete frequent home visits to establish trust and to reinforce the seeking of help. Free up enough staff to be able to have the time it takes to develop trusting relationships.
Developing the "process" for referrals and the notification of parents', keeping in mind both parents' and students' rights.	Develop an administrative rule to conduct up to three sessions with a student to assess his or her needs and situation without notification of the parents. Parents must be brought in, however, before actual treatment begins, and releases need to be signed. It must be understood that parents will be included soon and that not doing so will be rare.
Parents not insured and/or do not receive public assistance. Some students have little or no preventative health care. Students without Title XIV or personal insurance cannot afford health or dental services.	Communicate with agencies and organizations to provide free services and include a *zero* on their sliding fee scales. Make known to the public the cost of treatment services. Partner with health agencies to schedule on-site clinics. Collaborate with providers to obtain reduced fee or free services on a case-by-case basis.
Duplication of services and miscommunication when several high school, middle school, or agency staff are working with same student. Coordination with service agencies is not as good as it can be. Fragmented services and/or overlap of services by different agencies.	Develop a support cadre or team that meets weekly to review student and family involvement. Involve school staff (guidance, nurse, special education, psychologists, and other support staff and agency representatives). Meetings clarify involvement and reduce duplication. Use the computer system to identify services being provided any given student at any time. Develop and use the same referral system and forms for all agencies.
High mobility rates mean that case managers often lose a family after they have began working with them. Students who fail to carry and/or succeed in a minimum class load (such as four class or five class required minimum load).	Allow case managers to continue working with families even if the students move to other schools within the district. Modify class schedules to establish success and allow support.
Students who attend an alternative school or program.	Provide services at or for alternative school students and their families.
Many students at the high school level do not have study halls and have a difficult time using SBYSP services before or after school due to work or family responsibilities.	Use a rotating schedule approved by the principal to release students from classes so that they do not miss the same class every week. Incentives (food, inexpensive prizes, etc.) can be used to encourage students to use services outside the normal school day. Use peer tutors.

FIGURE I.1C

INITIATIVES TAKEN TO ADDRESS ISSUES IN IMPLEMENTATION

Issues	Activities
Many students at the middle and high school levels need tutorial assistance but are unable to get assistance during the times it is made available.	Use volunteers. Use paid VISTA workers. Implement high school tutoring services via increased allowable growth process for dropout and dropout prevention services.
Students and families living in poverty have difficulty paying fees for summer school and other school functions.	Use increased allowable growth funds and private contributors to pay fees for those unable to pay. Develop scholarships for summer school via volunteer service commitments.
Transportation for students, especially teen parents who need to take infants to day care. Lack of transportation to and from activities and clubs after regular school hours.	Use students to help transport other students. Coordinate parents to share rides. Arrange school transportation. Purchase van for short routes and special transportation needs. Use senior volunteers to be drivers. Collaborate to obtain a transportation grant.
Development of formal contracts/agreements with service providers and approval by Board of Education.	Negotiate and agree on wording of contracts without getting at odds with each other because of timelines. Take extra time where necessary.
Locating a suitable site to house the program. Lack of space and confidential meeting areas.	Explore the costs of renovation to make sites suitable. Seek separate office space and private meeting rooms.
It is difficult getting advisory committee membership to remain active.	Focus committees on one or two major projects per year. Publicly recognize participants. Utilize public figures and administration to recognize committee work. Reward individual efforts with respected comments, plaques, etc. Use membership to recruit new members.
Nurses isolated from other program staff—too busy all day every day with student demands.	Limit health office hours for students, to release nurse to work with other staff. Increase nursing staff. Invite nurse to staff team meetings. Locate services contiguous with school nurse's center. Reschedule health service appointments for neglected students.
School nurses have a problem establishing the criteria for students to be in SBYSP.	Improve communication with total nursing staff regarding guidelines for SBYSP.
Homebound instruction is not available to teens who miss four to six weeks of school when they deliver their babies.	Change guidelines and distribute to homebound providers—allowing instruction for teen moms.
Pregnant/parent teens have unique needs. There is a shortage of affordable child care for teen parents.	Schedule staff to work exclusively with pregnant teens and teen parents. Work with churches and agencies to establish a children's center near the high school.

FIGURE I.1D

INITIATIVES TAKEN TO ADDRESS ISSUES IN IMPLEMENTATION

Issues	*Activities*
Students using the SBYSP Center as a hangout, negatively influencing others and creating a negative image of the Center.	Close the Center to students who are not using it constructively. Close the Center in summer if it is not being used. Utilize parent volunteers to supervise free activity (recreation).
New school board members elected with limited knowledge of the Center.	Invite members to awareness meetings. Conduct individual contacts with members to increase knowledge. Encourage parent contacts by parents who successfully use the Center. Invite board members to evaluation visits and reviews of program.
No clear-cut, easily identifiable leader for the SBYSP Center.	Change terminology from Project Coordinator to Project Manager. Establish full-time leader position.
Lack of available substance abuse services, causing students to wait to be evaluated and to delay attending classes – a real problem in rural areas.	Contract with larger community that has an organization to do evaluations and conduct classes.
Lack of pool of adults willing to serve as role models for children and youth.	Contract with VISTA volunteers to develop mentoring initiatives.
Limited emphasis in community programming on early childhood activities that reduce factors that place students at high risk.	Seek out information from successful preschool/early childhood model programs by contacting the Department of Education pre-school consultants. Present information to agency leaders and school board.
Hesitancy by Native American families to make full use of services.	Create a prevention plan/program. Hire Native American staff to work with tribal counsel, complete home visits, and participate in team meetings. Complete workshop to help non-Native American staff to improve their communication.
Difficulty in getting student participation in groups at a center that is located outside school building.	Move group presentations into the school. Schedule activity so all students can participate.
Limited community awareness of the overwhelming needs of children, youth, and families and how such needs impair their ability to succeed at school and in the community.	Presentations to church groups, radio and television talk shows, government officials, authors, businesses, PTA, Kiwanis meetings, and other community service groups. Conduct citywide school district inservice.
Difficulty serving numerous referrals.	Partially resolved by collaborating with other agencies and knowing that other agencies are working with most of the referred students.
Not enough time to do things quickly enough. Need to get referrals sooner – before crisis situation.	Do extended meetings with school staff, students, and parents to practice early referral and to understand SBYSP.
Difficult to schedule students for service agency and other appointments when school schedules are unknown or confusing.	Keep a copy of student schedules in SBYSP Center. Request attendance records and reports on student illness, detentions, in-school suspensions, etc.

FIGURE I.1E

INITIATIVES TAKEN TO ADDRESS ISSUES IN IMPLEMENTATION

Issues	Activities
Nonsystem court involved families have pushed their children (15 to 18 years of age) out on their own.	Early intervention with families—get information and counseling to them to resolve issues faster and prevent children from running away.
Marketing efforts are reaching many people, but not school board members.	Hold an open house with students serving as guides prior to a board meeting and give a presentation.
Students have minimal or no opportunity to job shadow.	Partner with a community agency to create job shadowing opportunities.
Mental health providers will work on school site only if paid through grant monies. They are not willing to do their own billing for services.	One SBYSP site reported that on-site billing for mental health services was in place, with the potential of being self-sustaining.
Feeling among SBYSP staff members that they are isolated geographically from one another and suffering from lack of support.	Regular staff meeting times set. Staff encouraged to consult with peers on difficult cases. Supervisor realigned workload to spend more time with case managers in the field.
Our school tracker position was not as effective as the high school would like it to be. They wanted the approach to be more aggressive and confrontive and directly aligned with administration rather than guidance.	Changed focus for high school students to being more authoritative; to do this, had tracker inservice with tracker in Marshalltown who has this approach. Kept position more mentoring at middle school.
Our secretary is bilingual and therefore able to interpret and translate for us. She is very helpful to the school, our families, and our contracted agencies. However, it is sometimes difficult to draw the lines so that she can get her regular work done as well, as the demand for these services is so great.	Not resolved. Will try to come up with a written policy so that everyone understands the problem and that we do need some parameters on her time.
Continued adjustment to the loss of funding with our grant reduced from $200,000 to $50,000. Lack of formalized plan to secure long-term funding.	School district redirected some drop-out prevention funds; some drug-free money was accessed; grants for a Juvenile Court Tracker, School to Work, and Service Learning Grant were awarded. Networking with a Cedar Rapids group led to funding for a Youth Leadership Program. Collaborated on DECAT, a transportation grant, the Alternative High School, and a MICA grant for the homeless.
Administration of collaborative services becoming increasingly "enmeshed." Requires very frequent meetings with other program directors/coordinators.	Combined offices for shared expenses, increased communication and coordination, and shared supervision. Substance Abuse Council and AmeriCorps relocated into the PEAK office.
Collaboration much too limited.	Have added four new members to our collaborative and are working in partnership with many more agencies/entities including the county Board of Health, county attorney, judges, and business.
Services too dependent on unstable multiple funding streams of collaborative partners. Results in inability of long-term planning, administrative "nightmares," and multipe rules and regulations.	Sought Innovation Zone designation through Gateway Initiative 2000 with SBYSP services a central part of collaborative service delivery system. Addressing problems through this forum.
School and DHS relationships and communication continue to be *spotty* and problems frequently arise.	Coordinator requested that a DECAT DHS/School Communications subcommittee be formed. We now have DHS liaisons assigned to each of our buildings and have begun the process of formal joint case planning.

FIGURE I.1F

INITIATIVES TAKEN TO ADDRESS ISSUES IN IMPLEMENTATION

Issues	*Activities*
Employment/job counseling services continue to be a major weakness in the program.	JTPA continues to lack the resources to give us much assistance.
The new 2EASY database is not very user-friendly for front end users and the amount of file it creates is confusing for staff.	We would eventually like to see a more user-friendly system developed for front line staff who do the majority of their own data entry.
The parent involvement component of the program was difficult to implement due to the fact that many parents in the targeted schools are not accustomed to participating in school events and are both employed.	Each of the SBYSP sites developed their own parent advisory council so that the needs of each of the different schools could be accounted for. Family nights also provide parents an opportunity to participate in school-sponsored events.
Managed mental health care services for families is difficult for them to access.	By having a mental health professional at the school site, families and staff can more readily access services or information.
Lack of commitment by some consortium partners to the present and future success of the SBYSP.	Continued education of district leaders regarding the goals and expectations of SBYSP legislation. New efforts to communicate the impact of SBYS programming on students and families through quarterly reports to each superintendent and school board member. Decision of the Policy Council to require districts wishing to retain SBYSP services to invest cash resources to support the future of the SBYSP.
Lack of understanding within the community of cultural differences, as well as socioeconomic disparaties.	Organization and implementation of the Poverty Simulation Workshop, geared to increase people's understanding of poverty experientially. The committee of various agencies and concerned organizations in the community is in the process of organizing a workshop on Hispanic Cultural Awareness, to be presented in the Fall of 1997. Presentation of Cultural Awareness to 59 high school students at Peer Helper Training. Similar activities will be on-going efforts to deal with this problem.
Lack of information to Hispanic parents in regard to their children's progress in school, especially for parents of ESL students.	Coordination with ESL instructors and development of a standardized form to allow for translation of ESL students' progress notes, which are now periodically sent home to parents. Coordination with an interpreter, in order to accompany parents to conferences and increase the information flow between instructors and non-English-speaking parents.
An extremely varied Hispanic population in Washington, with as many as 3 different dialects (besides Spanish) as native languages spoken by individual families.	This is an on-going problem for translation and interpretive services, as Spanish vocabulary comprehension levels vary between the families. Interpreters must be sensitive to these specific needs, as well as have previous contact with the family to be aware of their understanding of Spanish. Culturally, it would be rare to ask a stranger for clarification.

FIGURE I.2A

SUCCESSFUL STRATEGIES AND PRACTICES THAT HAVE BEEN TRIED IN SCHOOL-BASED YOUTH SERVICES PROGRAM SITES

STRATEGY/PRACTICE	COMMENTS
Lamaze classes for pregnant teens during the school day.	Successful because the building principal was willing to make arrangements for students to miss classes on a rotating schedule.
Service agency personnel serve on in-school child study teams.	Immediate attention to the comprehensive needs of the children was achieved.
Held interagency regularly scheduled staffing including guidance counselors to review families assigned for case management services.	Improved interagency coordination and communication. Gave opportunity to discuss and settle procedures on confidentiality. Staff did not think time spent reviewing families making adequate progress was beneficial. Wanted to use time to get feedback on current issues arising for families not making adequate progress.
Creation of a uniform data collection system. (See discussion of complete system and forms that are in use.)	Multiple sites with many people involved requires centralized, agreed-upon forms, time lines, computerization, and a full-time data entry and retrieval person to spearhead follow-up, quality reporting, and written evaluations.
Case studies of families/students presented at interagency planning meetings to provide the opportunity for brainstorming options/strategies. Also presented at faculty meetings.	Improved awareness of needs and input for case managers to strategize methods for addressing client goals. Sensitized school staff to conditions that may distract youth from school/classroom activity.
Joint effort between two districts to service youth in the county.	Multiple districts require equitable leadership and flexibility to build site specific programs. The distribution of resources (money, people, things) should be assessed annually and adjustments made for growth and improvement. Evaluation should be site specific requiring equivalent practice for all common staff. Responsible commitment to common goals must be agreed upon in writing to guide long-term programming.
Reposition staff person from the National Council on Alcoholism to conduct comprehensive student assessments.	Resulted in quick access to evaluation services and timely feedback to start services.
Expanded nurse positions to full time and year round at SBYSP sites.	For the 1st time immunizations were 100% at elementary level, dental screening offered to all high school students, nurses able to incorporate more health instruction into their time, nurses at high school able to service more students, home visits made possible including monitoring of teen mothers.
Extensive expansion of health services at the schools.	Contact the BRIDGES SBYSP in Fort Dodge for more information.

FIGURE I.2B

SUCCESSFUL STRATEGIES AND PRACTICES THAT HAVE BEEN TRIED IN SCHOOL-BASED YOUTH SERVICES PROGRAM SITES

STRATEGY/PRACTICE	*COMMENTS*
Offering of services year round.	Case managers available to families to stabilize crisis situations in summer and relate to students in less structured environment/process. This is a good time to assess leisure time and improve healthy family leisure activity. Allowed concentration on issues in family apart from school.
Requests to private contributors.	Attracted additional funds.
Utilize youth worker from Job Service to provide vocational training and career exploration service for students.	Reached all 6th-, 7th-, and 8th-grade students and potential dropout students at the high school level. Students also met with Job Service staff during study halls, which increased self-referrals.
Use of recreation activities to draw students to SBYSP site.	Students feel safe, comfortable, and at ease in utilizing SBYSP Center.
Coordinated with local recreation facility to improve access to their programs for middle school children.	Local recreation facility provided transportation and SBYSP staff coordinated student involvement.
Notification of Parents/Pregnancy Testing Policy: Policy allows pregnancy testing without parental consent. If results are positive, the parents must be notified; if negative and there are mental and physical health concerns, the parents must be notified; if negative and there are no health concerns, then parents would not be notified but child would receive education on responsible behavior.	Parents and students are notified of written policy which is official, clear, and completely up front. Parents involved are treated with empathy and concern.
Notification of Parents/Substance Abuse Policy: Students must sign a release to the parents if they want free treatment services at the SBYSP Center. Student's have the option of being referred to an outside agency on a pay basis if they choose not to notify their parents. All assessment is free.	Assessment is provided without parent consent to establish a relationship and trust with the student. When trust is established students are much more likely to let staff advocate for them with parents.
Co-facilitation of a support group and parenting classes for pregnant and parenting teens — after school hours.	It was necessary to provide incentives to encourage consistent participation after school. Transportation home is a primary issue.
Scheduled meetings between instructor of Graduation, Reality, and Dual Role Skills (GRADS) class for pregnant/parent teens and case managers.	Gave opportunity for case managers to coordinate with instructor.
"Switch Day" where parents went to school for a day in place of their child while their child contracted with the parent to do something meaningful on the day (i.e., volunteer at parent's place of work, visit a college, etc.).	Communication between students, parents, and school was increased. Parents feel less intimidated and more willing to volunteer in the school.
Established a coalition of representatives from local agencies, businesses, school, and other organizations to try to generate future support of SBYSP after the grant runs outs.	Involved key community players to address SBYSP as a service worthy of local support and identify local initiatives to maintain support.

FIGURE I.2C

SUCCESSFUL STRATEGIES AND PRACTICES THAT HAVE BEEN TRIED IN SCHOOL-BASED YOUTH SERVICES PROGRAM SITES

STRATEGY/PRACTICE	COMMENTS
Offered an immunization clinic to incoming 9th-grade students and their family members.	All parents/guardians of incoming students were contacted via mail about immunizations and consent forms. Immunizations were given during fall registrations.
Provided practicium for one graduate and one undergraduate student. Provided opportunities for job shadowing by having other professionals and college students shadow SBYSP staff. Provided one college student opportunity to do a video for promotion of program.	Provided opportunity to expand awareness of program. Created linkage with four-year training college. Added person-power for case management activities.
Developed a tutoring/mentoring project in conjunction with United Way's one-to-one tutoring initiative.	VISTA volunteers recruited, screened, and matched adult volunteers with students at high school who needed tutoring.
Acquired computers, special software for generating family histories (genograms) and encouraged staff to participate in district computer classes.	All staff attended at least one computer class. Genograms have been helpful in showing families their generational issues. Genograms have also been useful to increase sensitivity to needs in the community.
Expanded community awareness of program by presenting information to numerous groups and individuals. SBYSP staff participate in task forces to study community problems such as teen pregnancy, drug abuse, health care.	Presentations and SBYSP staff participation broadened the support base for SBYSP and increased awareness on the part of SBYSP staff of family/student needs.
Expanded literature (pamphlets, booklets, brochures) available to children, youth, families, and staff. Developed video of program.	Handouts were used to educate everyone possible. Video used to present to groups including school staff.
Developed vision, value, and belief statements to guide program activities.	Vision statements helped guide the staff, clarified roles, and developed unity and some security.
SBYSP staff participated in school faculty meetings, school committees, and assisted with student extracurricular activities. Also made presentations to staff on community resources.	Increased faculty bonding. SBYSP recognized as part of, rather than apart from goals of school/faculty. Staff are more flexible in offering support for students.
SBYSP staff tour Human Services agencies.	Familiarized staff with community programs, improved ability to match needs with services and access services.
Repositioned mental health therapist from hospital to elementary school.	Parents were more willing to show up and share information at school.
SBYSP students given opportunities for community service (i.e., wrapping Christmas gifts at community center for low income families, other).	SBYSP students experience leadership and opportunity to help others.
SBYSP staff assist other agency staff to develop grants in their respective services.	Increased collaboration.
SBYSP staff visit other programs in-state and out-of-state.	Increased knowledge of early elementary initiatives gave staff comparative experience to gauge program quality; verified staff initiatives; gave staff new ideas; motivated new growth initiatives such as early elementary programs.

FIGURE I.2D

SUCCESSFUL STRATEGIES AND PRACTICES THAT HAVE BEEN TRIED IN SCHOOL-BASED YOUTH SERVICES PROGRAM SITES

STRATEGY/PRACTICE	COMMENTS
SBYSP staff and teachers/counselors/school social workers make home visits together.	Increases staff awareness of students' environment and SBYSP initiatives.
Cross training between SBYSP and service agency staffs.	Cross training allows school and agencies to take leadership role.
SBYSP school nurse provides training to summer day camp staff.	Staff realize health needs of children and families.
Administered surveys to school staff to obtain feedback on impressions of SBYSP and program strengths and weaknesses.	Indicated more effort is needed to inform staff of who is eligible. Staff also very concerned about responsiveness of SBYSP to student needs.
Purchased sweatpants, sweatshirts, underwear, and socks for children and youth. Established closet of clothes that are donated for student and family access.	Makes it possible to offer students needed clothing especially in the winter. Makes it possible for elementary children to stay in school when clothes are soiled.
Did survey of staff regarding job satisfaction.	Responses used in developing inservice workshops.
Purchased calculators for students enrolled in upper level science classes.	Students were able to compete with others in their class.
Did follow-up survey of students who used SBYSP and graduated.	Gained information about student status and helpfulness perceptions of program services.
Did follow-up of dropouts.	Twenty percent of dropouts reenrolled.
Did surveys of agency staff attending collaboration meetings.	Obtained feedback beneficial to planning meeting agendas.
We have greatly improved the "teaming" process to coordinate the services of all providers and ensure the most cost-effective service delivery system.	This has been achieved through our collaborative process and as a direct result of agency director's efforts to improve "teaming."
We are reaching a very large number of students and families at all grade levels, with a wide array of services.	Through the collaborative process including shared staff, in-kind services, and targeting supplemental grant dollars to provide school-based services, we are able to offer a large number of services in a cost-effective manner.
Implemented a variety of activities to improve marketing of the SBYSP.	Planned a year in advance. Contact The BRIDGES SBYSP in Fort Dodge, for more information.
As a result of six staff attending a week-long training which provided them with the skills to facilitate parent support groups using the Parent Project model, expansion of groups was made possible. This training was offered by the Des Moines Public Schools Office of Staff Development to staff from a variety of agencies who work with parents.	Successful in providing staff with skills to work with parents who have "challenging" children. Staff used their skills to facilitate parent support groups that were offered at two middle schools in the Fall of 1996 with funding from the Department of Health, Innovative Prevention Programs. The Families Learning Together model was used to offer comprehensive services that include child care, transportation, positive youth development, and case management.
Collaborated with school nurses to provide immunization clinics in several elementary schools. Case managers were able to provide outreach to families and help with transportation to ensure greater participation.	Very successful immunization drive which resulted in 167 children receiving immunizations and a 95% return rate of Hepatitis B vaccination at a middle school.

FIGURE I.2E

SUCCESSFUL STRATEGIES AND PRACTICES THAT HAVE BEEN TRIED IN SCHOOL-BASED YOUTH SERVICES PROGRAM SITES

Strategy/Practice	Comments
Expanded the SUCCESS case management model and the use of the 2EASY database to an inner-city child care center and a resource center for Hispanic families.	Successful in meeting some of the overwhelming needs at this center. The case management model has been adapted to accommodate the large number of families using the center. The database appears to be able to accommodate evaluation needs. There remains some difficulty in replicating the case management model in community-based organizations, which may adapt the strategies to better meet the needs of the families served.
Asked middle school students participating in the Learning Connections Project to design an after-school program for middle school students.	Extremely successful in generating ideas for actual programming that will attract middle school participants. These ideas will be used to address the need for middle school after-school programming that was identified in the 1993 Youth Survey.
Efforts to train staff in family centered practice as described in research of best practice methods.	Very successful collaboration culminating in the "Partnering With Families" Symposium at which more than 250 participants, including the entire SUCCESS Program staff attended. Families respond much more positively to this approach.
We spearheaded our AmeriCorps project to get more support/assistance for our SBYS program at an affordable price.	This has been a very successful addition, as the AmeriCorps members have been instrumental in securing volunteers for tutoring, assisting with the FAST program, and organizing FRC activities and programs.
Implementation of the dental program at the school sites.	Access barriers were decreased and funding was provided through a grant, therefore all children could receive dental services on site in grades 2 through 4 in targeted schools. Also, many of the dentists in the community are not accepting Medicaid or uninsured patients.
Implementation of a collaborative dental program with Community Health Care, University of Iowa, and DECAT to provide restorative dental services for Medicaid and uninsured children who were identified through the school-based dental program or Family Service Centers.	Community Health Care had an extra dental chair available two days per week and the University of Iowa was looking to place a pediatric dental resident and DECAT secured funding from a local funder to support uninsured children to increase access to care. This was successful because each agency took responsibility for a piece of the program so that all of the work did not fall on one person.
Immunization and lead screening located at school and coordinated with school registration.	The collocation of immunization and lead screening clinics by the Scott County Health Department, which was coordinated with school registration ensured that children who needed immmunization for school could be given the injections at the school site while they had their immunization records with them. This ultimately reduced the number of children at the start of school who were not in compliance.
Mental health services provided at the schools.	Mental health services in the schools have been very well received at all levels and have offered consultation to teachers in dealing with behavior and mental disorders, better access to services for children and families, and assistance with maneuvering through the mental health managed care bureaucracy in a timely fashion. As a result school staff meet biweekly with mental health providers to discuss referrals and students.

FIGURE I.2F

SUCCESSFUL STRATEGIES AND PRACTICES THAT HAVE BEEN TRIED IN SCHOOL-BASED YOUTH SERVICES PROGRAM SITES

STRATEGY/PRACTICE	COMMENTS
The strategy that every child referred has a problem that we need to relieve or alleviate. We **do not** look at a list of servcies to see where the child fits, but rather are child-centered trying to solve the child's problem.	This approach is successful. Parents feel better when they think their probems are handled on a case-by-case basis.
Each of the SBYSP schools developed their own parent involvement advisory committee to entice parents to actively participate in program planning and implementation.	Due to the diverse nature of the various schools, it was necessary that parents felt that they had input into the program and services offered at their school.
The use of business partners has been very beneficial in supporting the development of new and/or expanded programs at the rural school sites.	The rural site offers a stronger sense of community and therefore strongly endorses requests for assistance.
Provision of services at the schools by community agencies.	One of the unexpected outcomes was that more and more community agencies are realizing that school-based services are the way of the future. One of the barriers is the up-front costs in implementing the program and the lack of space in the schools. In order to reach the targeted population services need to be where the children are—in the schools. Each school has made accommodations for ther service providers by scheduling classes so that various rooms are available for the providers.
Use of a multi-agency planning comittee to plan summer program services.	Each of the agencies was able to discuss what services they could offer so that agencies were not duplicating other services/activities in the community.
Integration of EPSDT care coordination services into the school setting.	Children and families are in school and therefore services are integrated and seamless and serve as a referral source for the school nurse, which frees up some of the nurse's time.
New programming implemented (Parents Plus/After-School Group/Activitiy Evenings) that is accessible to all students/families and not only those identified as at-risk.	This strategy was successful in that: 1. Increased opportunities for all parents/students in the targeted age group. 2. Allows community to view the School-Based Youth Services project as providing opportunities for all students and families.
Success Center at middle and high school.	Students received assistance with assignments, remedial skill building was taught, and students may earn credit for three classes that are self-directed through computer curriculum.
In order to have mediation run more smoothly and in a timely manner, the Partnership Center took over the coordination of the Attendance Task Force mediation process.	Has been very successful this year due to increased mediator training. Also the county attorney was encouraged to take more ownership and developed the initial notification letter and provided timely follow-through. The Center used telephone calls, letters, and faxes to notify all involved. Mediations were held in the courtroom with entry through the sheriff's office/jail, which seemed to get both the students' and the parents' attention.

REFERENCES

Bruner, C. (1992). *Thinking collaboratively: Ten questions and answers to help policy makers improve services.* Washington, DC: Education and Human Services Consortium, Institute for Educational Leadership.

Carmines, E., & Zeller, R. (1979). *Reliability and validity assessment.* Beverly Hills, CA: Sage.

Deming, W. E. (1993). *The new economics: For industry, government, education.* Cambridge: Massachusetts Institute of Technology, Center for Advanced Engineering Study.

Dryfoos, J. (1994). *Full-service schools: A revolution in health and social services for children, youth, and families.* San Francisco: Jossey-Bass.

Dryfoos, J. (1998). *Safe passage: Making it through adolescence in a risky society.* New York: Oxford University Press.

Erickson, C. (1995). *E.A.S.Y. DOES IT! Efficient Accounting of Services to Youth: A database management system designed for school-based youth services programs.* Update of manual prepared for the FINE Education Research Foundation, Des Moines, IA.

Erickson, C. (2000). *2 E.A.S.Y. (Efficient Accounting of Services to Youth).* Prepared for School-Based Youth Services Programs, Des Moines, IA.

Frymier, J. (1992). *Assessing and predicting risk among students in school* (Vol. 2). Bloomington, IN: Phi Delta Kappa.

Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ.* New York: Bantam.

Horsch, K. (1998). *Evaluating school-linked services: Considerations and best practices.* Cambridge, MA: Harvard Family Research Project.

Iowa Administrative Code. (1999). *Educating the homeless.* Des Moines: State of Iowa.

Kibel, B. (1999). *Success stories as hard data: An introduction to results mapping.* New York: Kluwer.

Krueger, R. (1994). *Focus groups: A practical guide for applied research* (2nd ed.). Thousand Oaks, CA: Sage.

Krueger, R. (1998). *Analyzing & reporting focus group results.* Thousand Oaks, CA: Sage.

Martin, L. (1993). *Total quality management in human service organizations*. Newbury Park, CA: Sage.

Martin, L., & Kettner, P. (1996). *Measuring the performance of human service programs*. Thousand Oaks, CA: Sage.

Maslow, A. (1943). A theory of human motivation. *Psychological Review, 50*, 370-396.

Maslow, A. (1987). *Motivation and personality* (3rd ed.). New York: Harper & Row.

Osborne, D., & Gaebler, T. (1992). *Reinventing government: How the entrepreneurial spirit is transforming the public sector.* Reading, MA: Addison-Wesley.

Patton, M. (1982). *Practical evaluation*. Beverly Hills, CA: Sage.

Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. Thousand Oaks, CA: Sage.

Polly, J. A. (1997). *The Internet kids and family Yellow Pages* (2nd ed.). Berkeley, CA: Osborne/McGraw-Hill.

Preskill, H., & Torres, R. (1999). *Evaluative inquiry for learning in organizations*. Thousand Oaks, CA: Sage.

Rossi, P., & Freeman, H. (1993). *Evaluation: A systematic approach* (5th ed.). Thousand Oaks, CA: Sage.

Samuels, B., Ahsan, N., & Garcia, J. (1998). *Know your community: A step-by-step guide to community needs & resources assessment.* (Available from Family Resource Coalition of America, 200 S. Michigan Avenue, 16th Floor, Chicago, IL 60604; telephone: 312-341-0900)

Schön, D. (1983). *The reflective practitioner: How professionals think in action*. New York: Basic Books.

Senge, P. (1990). *The fifth discipline*. New York: Bantam.

Spector, P. (1992). *Summated rating scale construction: An introduction.* Newbury Park, CA: Sage.

Stewart, D., & Shamdasani, P. (1990). *Focus groups: Theory and practice.* Newbury Park, CA: Sage.

Veale, J. (1990). *The costs of dropping out of school and the productivity benefits of returning and graduating: A survey of Iowa's alternative school graduates from 1987 to 1989* (Executive summary). Prepared for the Iowa Department of Education, Des Moines.

Veale, J. (1995). *Developing research tools and evaluating the impact of multi-service school programs* (Comprehensive narrative). Prepared for the FINE Education Research Foundation, with assistance from with Morley, R., Erickson, C., and Graber, G., Des Moines.

Veale, J. (1998). *1997 Iowa Youth Risk Behavior Survey.* Prepared for the Iowa Department of Education, Des Moines.

Veale, J. (2000). *1999-2000 Woodbury Drug and Violence Prevention Program: Summary of results on outcomes measures.* Prepared for the Substance Abuse Unit of Central Iowa (SATUCI) and the Iowa Department of Public Health, Des Moines.

Veale, J., & Morley, R. (1994). *School-based youth services program: Year-end report for 1992-93.* Prepared for the Iowa Department of Education, Office of Educational Services for Children, Families, and Communities, Des Moines.

Veale, J., & Morley, R. (1997). *School-based youth services program: 1996 year-end report.* Prepared for the Iowa Department of Education, Office of Educational Services for Children, Families, and Communities, Des Moines.

Veale, J., & Morley, R. (1998). *School-based youth services program: 1996-97 year-end report.* Prepared for the Iowa Department of Education, Division of Early Childhood, Elementary, and Secondary Education, Des Moines.

Wallgren, A., Wallgren, B., Persson, R., Jorner, U., & Haaland, J. (1996). *Graphing statistics & data: Creating better charts.* Thousand Oaks, CA: Sage.

Westbrook, T., & Veale, J. (in press). Work-related learning as a core value: An Iowa perspective. *Human Resources Development Quarterly.*

Wohlstetter, P. (1997). *Organizing for successful school-based management.* Alexandria, VA: Association for Supervision and Curriculum Development.

Yin, R. (1989). *Case study research: Design and methods.* Newbury Park, CA: Sage.

Zeithaml, V., Parasuraman, A., & Berry, L. (1990). *Delivering quality services.* New York: Free Press.

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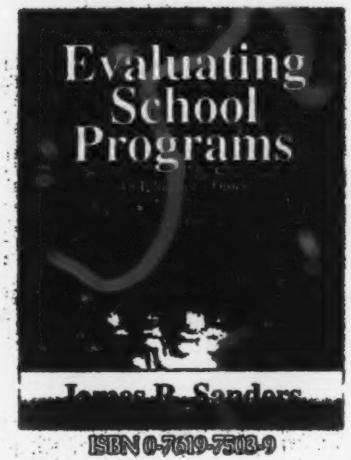
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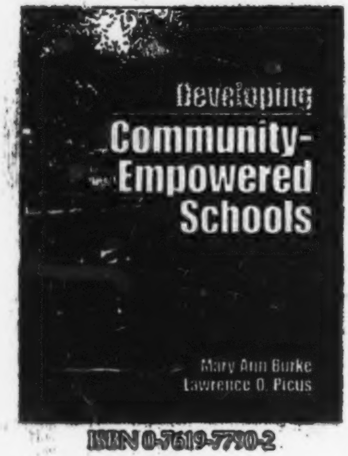
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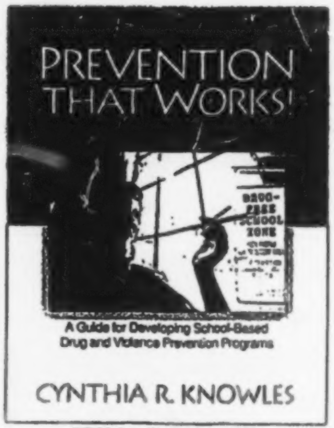
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